T. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

18141 Reg. Dist. No. 218

County Manuary	(For newborn infants give residence of mother)
	State Mangland County Monta
City or town (If outside city or town limits, write RURAL and give nearest town)	10 - 1
How long In above place of death? 2 4	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8 Walker Cit
8 Walter are	(If rnral, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mennie R arnold	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 1 1 1 1 1 1 1 days	7'
fenale while	2D. DATE OF DEATH
6.(6) Name of husband or wife Harry Courses	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ang 24 1946, 10 ang 26 1946
7. Birth date of Spirith date	and that I last saw hea alive on Grand 26 19 46
deceased (mo., day, yr.) Upril 22 1869	Immediate cause of death
8. AGE: Years Month's Days If less than one day	Cerebral en bolism 3/2 day
77 × 4hrsmin.	
9. Birthplace Faculty (Town, county, and state)	Due to
(Town, county, and state)	***************************************
10. Usual occupation	Due to
11, Industry or business	
	Other conditions landorealities / y
	Other Conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Maray M. Stories 15. Birthplace Frestoich my	Major findings of operations
15. Birthplace Frestrick mil	major nadings of operations
16. Informant Vasquin Willeumson	Autopsy results
Address 2301 mt lieus Pl. S.E. Wart De	
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematery Sugalasional	Where did injury occur?
Location Dankerptytus, N. C.	Injured at home, farm, industry, public place (where?)
Thaluas Murray	Meens of Injury Injured at work?
1B. Funeral director	7
Address Paskington, W.C.	22 SIGNATURE Frank J. Brownhart M. U.
C 21 Mic Ch. 1.16 10 1	M. D. or other
(Date reold by registrar) Registrar	Address Marsher leng Mad Date signed 8: 26-44



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Hant gowery	(For newborn infants give residence of mother)
City or town	state Mary land county Montgomery
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 4315- East West Highway
Supurban Hospilal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME NEIL BAI	RD 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION / /
Male White Married	20. DATE DE DEATH / 2005 N. M. 19 46 at 4805 N. M.
Elith B. Raik	21. I CERJIFY that death occurred on me date above stailed; that I attended deceased from
B, (b) Name of husband or wife	11 pul 21 19 46 10 1 1 19 19 19 19
7. Birth date of	and the last saw h / mallye on 196451. 19 19 46
deceased (mo., day, yr.) Septem Der 11, 1884	Immediate cause of death
8. AGE: Years Months Days If less than one day	ACUTE CARDIAL FAILURE ?
6 1 5hrsmin.	
B. Birthplace LAKE COUNTY, Indiana	Due to
(Town, county, and state)	Malioment Hyperfension .
10. Usual occupation General Passenger Agent	Due to
11. Industry or business Northern - Pacific Railroad	
單 12. Name Andrew Baird	Other conditions Blesome Slowerulo
13. Birthplace BalenTeer, Ireland	Melliritis
14. Maiden name Martha Knox	(Include pregnancy within months of death)
14. Maiden name Martha Knox 15. Birthplace Balenteer, Ireland	Major findings of operations.
Mrc Elith & Raird	Heated wines of their and thus
	PHYSICIAN: Please upperline the cause to which death should be charged start bally
Address 4315 - East West Havy - Bethosda, Md	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Des Moives	Where did injury occur?
Dos Maines TAWA	Injured at home, farm, industry, public place (where?)
Location Version Location	Means of Injury Injured et work?
18. Funeral director	0011
Address 1300 - N Street U.W. Nosh. D.	23. SIGNATURE J- Clark extraces
8/16 46 mm Elober	23. SIGNATURE M. D. or other
19. (Date ret'd by registrar) Registrar	Address 48- Boat - LOST TOLON Date signed Ling 18/46

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MARYLAND STATE DEPARTMENT OF HEALTH

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411	N.	Charles	St.,	Baltimore	(99)
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2411 N. Charlea St., Baltimore (99)	
CERTIFICATE OF DEATH	Roy Dist No. 2/

(8143

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgornery	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? SIXICE ADQ. 9	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Subusbau hosp.	Street No. 5525 — 3911 St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Isabella Anderson Barr	
4. Sex 5. Color or rate 6. Color or rate	MEDICAL CERTIFICATION
FW	20. DATE OF DEATH
6.(b) Name of husband or wife Edwin M. Barr	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
CIL	9 A v 9 19 46 to 24 A v9 1846
7. Birth date of years	and that I last saw h. S. A. alive on 23 A. U.G. 1946
deceased (mo., day, yr.) YWY = 26, 1871 8. AGE: Years Months Days If less than one day	Immediato canse of death
	Embolism, multiple, pulmonery 13 days
75 hrsmin.	and to right leg
9. Birthplace C.Y. C. County, and state)	Due to Thrombosis right illac 13 days
10. Usual occupation Housewife	artery
11. industry or business	Que to Acute auricular fibrillation 16 days
置 12. Name LL) M. VTOYVISOVT	Other conditions
E 12. Name LL M. VTOVVISOVI 13. Birthplace SCOTLAND	
# 14. Malden name Flizabeth Swith	(include pregnancy within 8 months of death)
6	Major findings of operations Em ballam night temologi
\$1 15. Birthplace	Artery at praturals brancheste of op. 14 Aug. 46.
16. Intermant Rusp. recolds	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Talan Hell Lesselling	Where did injury occur?
Location Smilland many land	injured at home, farm, industry, public place (where?)
18. Funeral director arthur E. Sulamons	Means of Injury Injured at work?
Address 2007. michols are fo	el A O. O. KIN In a
10 8/24 1046 mm Elohes	23. SIGNATURE M. D. or other
19. (Date fee'd by registrar)	Address 3.9.2. 129 Man. Date signed of 4.7.19 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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	mother name show on MARYLAND STATE DE	PARTMENT OF HEALTH
rect age	1 (a 2 // \ (a 0 / 30 / / 0)	St., Baltimore Ku
FOR BINDING ly every item of information carefully. The correct write the causes of death clearly and legibly.	1. PLACE OF DEATH: County MONTE QUYTEY City or town. Set to cover limite, write RURAL and give nearest town) How long in above place of death? Since 92P.VVI. 8-24-'46 Hospital, institution, or street address where death orgulard: How tong in hospital or institution? — /6 /1.7.3.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
informat of death	3. (a) FULL NAME The Gorge Finator Bell 4. Sex 5. Color of race 6.(o)Single married, widowed, or divorced	3. (b) Social Security Number 216 - 090 - 889 Z MEDICAL CERTIFICATION
MARGIN RESERVED VITH UNFADING INK. Supp important. Physicians: please		MEDICAL CERTIFICATION 2D. DATE OF DEATH.
VS A15 PLEASE WRITE PLAINLY, V is especially	Address 7904 17. Cardial, cremation, or removal. Which?) Cemetery or cremetery. Location 18. Funeral director. Address 19. E	PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide



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VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	7
City or town. (If outside city or town, limits, write RURAL und give nearest town)	State Maryland County Mondy
Now long le above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where teath occurred:	Street No.
VV	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vames W. Bell	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col married	20. DATE OF BEATH Charges \$ 35 19.46 015:00 P: N
(E Bell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife Annual Color	November 12 10 45: 10 August 25 1046.
	and that I last saw h. I.M. alive on Queenwey 1.5 13.46.
7. Birth date of deceased (mo., day, yr.) 15 - 1874	
8. AGE: Years Months Days It less than one day	Immediate cause of death & grand Occlusion BURATION
J. 10 11	
9. Birthplace Washington	Due to antiriosalurtic cardiovascular 10 years.
(Town, county, and state)	discuse.
10. Usual occupation CX CARSON	Due to.
11. Industry or business charming	
12. Name day Illiant 13. Birthplace Washington A - C.	Other conditions
13. Birthplace Mashington .	(Include pregnancy within 3 months of death)
14. Maiden name ename Wilson	
8 1	Major findings of operations.
\$ 15. Birthplace front only the	
16. Informant Committee 2: 1211	Autopsy results
9 17 10 10 100	PHYSICIAN: Please underline the couse to which death should be charged statistically.
Address annershing the	22. VIOLENCE: If death was due to external causes, fill in the following:
(Surlal, cremation, or removal, Which) (Burlal, cremation, or removal, Which)	Accident, suicide, or homicide
(Surial, cremation, or removal, which	
Cemetery or crematory	Where did injury occur?
Location Monte one must	Injured at home, farm, Industry, public place (where?)
Parther Bables	Means of Injury Injured at work?
18. Funeral director	011 9 10
Address Tailhersause ma	23 SIGNATURE James P. Kerr M. N.
8/20 11 1800 01	M. D. or other
19. (Oate rec'd by registrar) (Oate rec'd by registrar) (Registrar	Address Namaseus, Md, Bate signed \$ /26/46.
Anna Table Comment	



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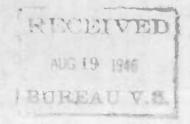
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-c) CERTIFICATE OF DEATH

(845) Reg. Dist. No. 216

1. PLACE OF DEATH: County MANAGEMENT OF THE PROPERTY OF THE P	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town	State County	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 35 47 Julles St. M. W.	
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME		
Mrs- Edua H. Bishop	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale white widow	20. DATE OF DEATH	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-7-46 19-46	
7. Birth date ot	and thet Hand saw h. 4 alive on 8-16-46 19	
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days It less than one day	simary annular caranoma	
65 9 6min.	exception 18 mos	
9. Birthplace (Town, county, and state)	Doe 10 Louise melastrais ro Jun	
10. Usual occupation & DURLINGTO	Due to.	
11. Industry or business	I thunshald Cachevia.	
12. Name Egward Actancoent	Other conditions	
13. 8 Irthplace Cucumale Office		
14. Malden name Catherine: Me kle	(Include pregnancy within 3 months of death) Major findings of operations.	
2 15. Birthplace Clubenows.	Date of op.	
16. Intermant MRS JESSE E JOHNSON	Autopsy results lames as about.	
Address 3547 QUEBEC ST. NW WASH. DC	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Date thereof. Dog. 17 - 19 \(\) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or erematory Spring Grose.	Where did injury occur?	
Location CIACINHATI - HAMILTON CO. OHIO.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Warner & Camphrey -	Means of Injury Injured at work?	
Address SILVER SPRING - MARYLAND.	The state of the s	
19. 8/17 146 7fm & John Solution (Date rec'd by registrar) = Registrar	Address 8252 De ave Sould Bate signed	
(Date ice u by registrar)	ADDIESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8147 Reg. Diat. No. 223

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)		
County Montgomery	State Maryland County Montgomery		
City or town			
How long in above place of death?	City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town)		
Analyla Virgilla Universal Street address where death occurred: 1102 Greenwood Ave.	Street No. 1102 Greenwood Ave.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
ANNE MARIE BROWNING	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white single	20. DATE OF DEATH ang 5 1946 at 10:30 M		
6.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the dale above etated; that I attended deceased from		
7. Birth date of	ang 6 1946, to 10		
7. Birth date of deceased (mo., day, yr.) Aug. 5th. 1946	and that I last saw h. As a live on any 5 19.46		
deceased (mo., day, yr.) Aug. 5th. 1946 8. AGE: Years Months Days If less than one day	Immediate cause of death		
X X X X hrs. 10 min.	Cremetin Buth		
	2		
9. Birthplace Takoma Park, Md. (Town, county, and state)	Due to		
10. Usual occupation,	Due to		
11. Industry or business X	Due 10.		
	Diher conditions		
12. Name. William L. Browning 13. Birthplace Maryland			
	(Include pregnancy within 8 months of death)		
14. Maiden name Anne Marie Scalera 15. Birthplace Flushing, N. Y. 18. Informant William L. Browning	Major findings of operations.		
ž 15. Birthplace Plusning, N. Y.	Dale of op.		
16. Informani William L. Browning	Antopey results.		
Address 1102 Greenwood Ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22, VIOLENCE: If dealh was due to external causes, till in the following:		
17. Burial (Burial, cremation, or removal, Which?) Date Ihercof Aug. 6th. 19 (month) (day) (year)			
Cemetery or crematory. Mt. Olivet	Where did injury occur?		
Location washington, D. C.	Injured al home, farm, Industry, public place (where?)		
18. Funeral director Warne & Pumphing -	Meane of injury Injured at work?		
0:3 C -: / 16(1/4 /X)	1 4		
Address Sliver Spring, 104	23. SIGNATURE		
Date rec'd be/registrar) (Date rec'd be/registrar) (Date rec'd be/registrar)			
(Date rec'd be/registrar) Registrar	Address		

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·祖学发展的"杜声尔士太祖等。"是主张

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

	(81	4	8	
5-	Reg.	Diat.	No.	7	14

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery		
City or town Rural - near Ashton (If ootside city or town limits, write RURAL and give nearest town)	state Maryland county Montgomery	
(at obtained city of form that is, which the state of the	City or town Silver Spring. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Streef No. 309 Timberwood Ave.	
mospital, motivation, of cross and community	Streef No. (If rural, give LOCATION)	
	2.(a) If veteran, name war	
How long in hospital or institution?		
3. (a) FULL NAME	3. (b) Social Security Number	
FREDERICK E BUSH	176-03-8695	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	2D. DATE OF DEATH aug 2/ 1946 213:40PM	
6.(b) Name of husband or wife. Sylvia L.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
	and that klast saw h. alive on cast. 19.	
7. Right date of	and that klast saw halive on	
deceased (mo., day, yr.) Oct. 23rd. 1896	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Humantage du la servience	
49 9 28hrsmi		
9. Birthplace Penna.		
9. Birthplace Penna. (Town, county, and state)	Due to Frantis of frontal time	
10. Usual occupation Bricklayer		
	Due to (left)	
12. Name Joseph E. Bush 13. Birthpiace Penna.	- Other conditions	
₹ 13. Birthpiace Penna.	(Inclode pregnancy within 3 months of death)	
14. Malden name Anna Wetherbee		
10	Major findings of operations	
2 15. Birthplace Penna.		
18 Informant Mrs. Sylvia L. Bush	Antopsy results	
Address 309 Timberwood Ave. Silver Spg	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.	
20	22. VIOLENCE: If death was due to external causes, this in the following:	
17. Removal & Burialed thereof 8-24-46 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. Accidental. Date of &- 21-76	
	we will a second to the second	
Cemetery or crematory Prospect		
Location Stroudsburg, Monroe Co. Pa.	Injured at home, farm, industry, public place (where?)	
8(1) 5 6 6 11	Mesans of injury levels accedents injured at work? I has	
18. Funerat director	1 2 1 2 0 Am. N.	
Address Silver Spring. Md.	Frank & Broschart m. N.	
" aug ve well Inophine machaeth	23. SIGNATURE M. D. or other	
(Date red by registrar)	ar Address Jasthursetung med Date signed 8-22-40	

AUG 24 1946 BUREAU V.S.

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100		The carried	
		DING INK. Supply every item of information carefully. The hysicians: please write the causes of death clearly and legibly	
		ion ca	
		PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull, is especially important. Physicians: please write the causes of death clearly and	
rh		inf s of	
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		CERTIFICA	TE OF DEATH Reg. Di
1. PLACE OF DEATH: County Montgomery City or town Bethesda (ru (If outside city or town lim How long in above place of death? Hospital, Institution, or street address where de U.S. Naval Hospital How long in hospital or institution?	ral) its, write Ri eath occurred:	URAL and give nearest town)	2.(a) If veteran, name war.
3.(a) FULL NAME Alfred Bernard	CARTER		3. (b) Socia
4. Sex 5. Color or race male negbo 6.(b) Name of husband or wifeMrs	6.(a)Single ma	married, widowed, or divorced	MEDICAL CERTIFICAT 2D. DATE DF DEATH
deceased (mo., day, yr.) July 20,	1893	If less than one day	Immediate cause of death
8. AGE: Years Months O	12	hrs. min	Cerebrol Kemorry
9. Birthplace Virginia (Town, co. 10. Usual occupation Veteran 11. Industry or business 12. Name Randoff Carte: 13. Birthplace Va.			Due to Chow formers Other conditions
13. Birthplace Va. 14. Maiden name	h		(Include pregnancy within 3 months of death) Major fiadiogs of operations
Address 1710 Swan St. 17. removal (Burial, cremation, or removal. Which?) Cemetery or crematory. Central.	N.W. W	(St. Stephen's)	PHYSICIAN: Please noderline the cause to which death should
18. Funeral director W. Errnest M. Address 4132 U St. N.W. 19. 3 August 146 (Date rec'd by registrar)	Jarvis Wash	s Co.	TON BOND BELLESON MUL

(For newborn infants give residence of m	iother)
State	
City or town Washington, D.C. (If outside city or town limits,	• write RURAL and give nearest town)
Street No. 1710 Swan St. N. (If rural, give I	OCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH 2 August	146 at 9:33 p.
21. I CERTIFY that death occurred on the date abov 1 Aug. 19. 1 and that I last saw h. im. alive on 2	e stated; that I altended deceased from 16, 10
Immediate cause of death	OURATION
Cerebral Man	rorrhoge,
Immediair cause of death Cerebrol hen Due to figher tension	
Due to Chrome grome	ula
Other conditions	
(Include pregnancy within 8 m	onths of death)
Major findings of operations	
	Date of op.
Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to whi	ch death should he charged statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (who	
Means of Injury Curthon	Injured at work?
C. W. Thompso	n, Lt.Cdr.(MC) USNR
22 SIGNATINE	
USNH Bethesda, Md.	M. D. or other 8-3-46

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BUREAU V 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-6 CERTIFICATE OF DEATH

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		PARTMENT OF HEALTH	
orrect age		E OF DEATH Reg. Diat. No. 216	ð 6×
carefully. The garly and legibly.	1. PLACE OF DEATH: County. Montgomery City or town Bethesda, (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months 21 days. Hospital, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 months 21 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince George City or town. Mt. Rainer (If outside city or town limits, write RURA(, and give nearest town) Street No. 1002 35th St., Mt. Rainer, Md. (If rural, give LOCATION) 2.(a) It veteran, name war. World War I.	
information of death cle	3. (a) FULL NAME CAVANAUGH, Chris Columbus VAP 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION	
D 41 82	Male W*US Married	20, DATE DE DEATH 22 Ching 19 46, 21 4 30	P.M
BIN cy it	8.(b) Name of husband or wife. Mrs. Pearl I. Cavanaugh 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 27 to 19 19 and that I last saw h	4
F(deceased (mo., day, yr.) 9-16-92 8. AGE: Years Months Days It less than one day	CARCINOMA OF BLADDER CENTRALED HETALTASES 2 40	n S.
RESERGINK.	9. Birthplace	Due to	100000000
MARGIN INFADING nt. Physic	12. Name Andrew B. Cavanaugh 13. Birthplace Canada	Dther conditions	
WITH UNFA	14. Maiden name Catherine Nolan Canada 15. Birthpiace	(Include pregnancy within 3 months of death) Major fiadings of operations	*********
MVS A15 9-45-15W O PLEASE WRITE PLAINLY, V	16. Informant Wife: Mrs. Pearl I. Cavanaugh Address 4002 35th St., Mt. Ranier, Md. 17. Burial (Burial, cremation, or removal, Which?) (Genetery or crematory Arlington National Location Arlington, Va. 18. Funeral director F. H. Hines A. Arlington Address 2901 14th St., NW, Wash., D.C. (Date rec'd b) registrar)	Aatopay results. CARCINORA OF KARDDER & CANCERLIZED (NETWORK) PHYSICIAN: Please maderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	



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· Color III Water Burner

2411 N. Charles St., Baltimore 159

P8151

CERTIFICATE OF DEATH

				2/	-7
400	Reg.	Dist.	No	21	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland County Montgomery
City or town	Rockville.
How long in above place of death?	City or town. Rockoolle (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Soneral Hos.	Street No. 749.141 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
(cooper. (Twin #2).
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Cal. Single.	20. DATE OF DEATH Pugust 13 1946 at 7:15AM
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) Mallon also and	Hugast 13 1946 to 1749, 13 1846
7. Birth date of deceased (mo., day, yr.) August 13, 1946	and that I last saw h.C. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
6 hrs. 50 min	Prematurity 5 = mts
alven Manuland	Due to.
S. Birthplace (Town, county, and state)	Due to.
1D. Usual occupation. 2nxant	Due to.
11. Industry or business	
12. Name. Leray addison 13. Birthplace Maryland.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name hourse Cooper 15. Birtholace Rockville, Md.	
15. Birtholace Rockville, And.	Major findings of operations. Date of op.
16. Informant 1705p. Lal records.	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 a stine C 13-116	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Whigh!) Date thereof (mpnth) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory morelage Co. Den. Hosp. Die	Where did Injury occur?
Location Olney, and.	Injured at home, farm, Industry, public place (where?)
monte to be Horas has	Means of injury Injured at work?
1B. Funeral director.	(h)
Address Clerky Ma	23. SIGNATURE DE SALVE
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Sandy Spring Md Date signed 8/13/46
(Date rec'd by registrar) Registra	Till Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

BUHLAU V.A.

AUG 16 1946

BUREAU V.S.

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

Reg. Dist. No.

Date signed aug 27/946

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mantacryery	State Mary Lind county montgonery
City or town	
How long In above place of death? 245 MYS	City or town Rocal (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death open red:	Street No.
How long in hospital or institution? 245 MMS.	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) tf veteran, name war.
5 · 15 · 0	3.(b) Social Security Number
4. Sax 1 5. Color or rade 6.(a) Single, married, wildowed, or divorced	
4, 581 F 5, color of rage o.(a) single, married, widowed, of directed	MEDICAL CERTIFICATION
M M	20. DATE OF DEATH 8 - 2.5 1946 at 12 A M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 24 19.46 to aug 25 19.46
7. Dirth date of deceased (mo., day, yr.) August 23, 1946	and that tast saw h. J.M. alive on area 25 19 46
8. A.G.E: Months Days It less than one day	Immediate cause of death
211/2 have 1	Conglital Heart Secasi
9. Birthplace Rockville rvid.	Doe to
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Que to
11. Industry or business	DUE 10-
12. Name Harry 1721ph Crarner 13. Birthplace Walkers ville Mary land	Diher conditions
\$ 13. Birthpiace Walkersville Maryland	
14. Maiden name Catherine FlogLE 15. 8irthplace Liberty. Maryland	(Include pregnancy within 3 months of death)
5 15. Birthplace Liberty. Maryland	Major findings of operations.
	Autopsy results Congunital Heart Disland
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address G 2 a a.l.	22. VIOLENCE: If death was due to externat causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof. (https://pub.) (day) (year)	Accident, suicide, or homicide
Compter of crematory Suburban Hophilas	Where did injury occur?
Barda- I to d	
Location	trijured at home, tarm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director, Adam Sulph	Months of Higher at works
Address / Getherdo / 4. md.	as sometimes Solvett & De Tamber M. D.
8/29 W/ 9/m = (1-Pa)	23. SIGNATURE M. D. or other
19	Address Date signed lug 21/94

Address......



MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

08153

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	state Maryland county
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Take ma Park . (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Washington Sonitarium and Hospital	Street No. 507 (0 reen wood (If rural, give LOCATION)
How long in hospital or institution? 22 days.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Charles A. Cruze.	
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Male Cauc. Married	20. DATE DE DEATH. A US US t 8 19 46 21 10:50 P. 1
6. (b) Name of husband or wife Polly B. Cruze.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	August 3, 1946 to Aug 8, 1946
7. Birth date of deceased (mo., day, yr.) Feb ruary 21 1896	and that I last saw h. Ltm. alive on August
8. AGE: Years Months Days If less than one day	Coronary throm 60515 with 25 days
50 5 18hrsmin.	infarction
9. Birthplace. IX NAX U. // e Tenn. (Town, county, and state)	Due to Caranary Arteriosclerosis years
10. Usual occupation Transportation business	2
11. Industry or business	Due to
	Bither conditions
12. Name TEO: DAVID CRUZE 13. Birthplace KNOX COUNTY, TENN.	
	(Include pregnancy within 8 months of death)
14. Maiden name/// ARY EVELYN KORBY 15. Birthplace KNOX COUNTY, TENN.	Major findings of operations.
Bodand, woching ton San VHOSD	Autopsy results Confirm Clinical Diagnosis
	PHYSICIAN: Please underline the cause to which death should be sharged statistically.
Address Takoma fark md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory GEORGE WASH. / EMIRIAL CEMETERY	Where did Injury occur?
Location Tieg Stands HYATTS VILLE, Ald., TR. GEO. Co.	Injured at home, farm, industry, public place (where?)
18. Funeral director Arabus Spallers	Meens of injury injured at work?
Address JAK Can all St. 11. 11. Galoma Cash D.	e ou on on on the
Di a 111	23. SIGNATURE M.D. or other
(Date rec'd fly registrar) Registrar	Address Jakom a Sark, Md. Date signed 8-9-46



MARGIN RESERVED FOR BINDING

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
TATALAN Y TOURIST	DIALL	DELANTHENI	UI	1111/1111

2411 N. Charles St., Baltimore 3-2

CERTIFICATE OF DEATH

U8154 Reg. Dist. No. 216

County Montgomery City of nowe Bethesda (nural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 mons. 12 days Hospital, institution, or street address where death occurred: U.S. Naval Hospital, Bethesda, Md.			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
			City or town Washington, D.C. (If outside city or town limits			
			Street No	LOCATION)		
3. (a) FULL NAME Strouder (n) Darnell					3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male negro married				MEDICAL CI	t 146	, Old 31 A .,
	••••••	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 192 and that I last saw hi.Malive on2.	ve stated; that I attended dec	eased from g •19.46
deceased (mo., day		1878 Days 15	if less than one day	Immediate cause of deathHypertens	sive Heart	DURATION
10. Usual occupation	Veteran		state)	Due to		
14. Matden name 15. Birthplace	Ky.	de Darnell		(Include pregnancy within 3 r Major findings of operations Aotopsy results PHYSICIAN: Please underline the caose to w		
Address 1922 Bennets Place N.W. Wash., D.C. Date thereof (month) (day) (year)			eof 8-6-16 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur?(City or town) Injured at home, farm, industry, public place (w	(County)	(State)
Uccation Washington, D. C. 18. Funeral director Clayton A. Washington T.P. Address 4925 Deane Avenue, N.E., Wash., D. C.			Msans of Injury 23. SIGNATURE C. W. THOMPS C. W. Address USNH Bethesda, Md.	Injured at work?) USNR	

RECEIVED
AUG 14 1946
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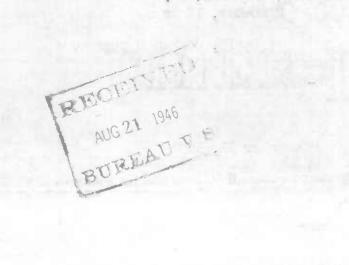
MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MANTEUM	DIMIL	DEL MAKERITAL	O.	

2411 N. Charles St., Baltimore 469

CERTIFICATE OF DEATH

Reg. Dist. No.

8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 53 7 8 hrs. min. 9. Birthplace Chio (Town, county, and state) 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 May 19 46 to 9 Aug 19 44 and that i last saw h im alive on 9 Au	1. PLACE OF DEATH: Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Ohio State County Youngs town (If outside city or town limits, write RURAL and give nearest town) Street No. 523 Lexing ton Aven us (If sural, give LOCATION) 2.(a) It veteran, name war.
male W-US single 8.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 53 7 8 hrs. min. 9. August 19 146, at 3:23A 20. DAYE OF DEATH		3. (b) Social Security Number
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 53 7 8 hrs. min. 9. Birthplace Chio (Town, county, and state) 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 May 19 46 to 9 Aug 19 44 and that i last saw h im alive on 9 Au		MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days Triess than one day 9. Birthplace Chio (Town, county, and state) Due to Concentrate of Head of Ymp	7. Birth date of Documbons 27 1800	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46, 10. 9 Aug 19. 46 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated from the date above sta
	8. AGE: Years Months Days If less than one day	Immediais cause of death
10. Usual occupation. Navy 11. Industry or business 12. Name Thomas Davis 13. Birthplace Ohio 14. Maiden name Jemima ? Major findings of operations. Chromic Paragraph of the property o	10. Usual occupation. 11. Industry or business 12. Name. Thomas Davis 13. Birthplace Ohio 15. Birthplace Ohio 16. Intermant. Mother: Mrs. Jemima Davis Address 523 Lexington Avenue, Youngstown, Ohio 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Belmont Location. Youngstown, Ohio 18. Funeral director. W. W. Chambers. Address 11.00 Chapin St., N. W. Wash. D.C.	Due to Mada having the live and divolences Dither conditions. O. D. S. Harris And divolences. Cinclude pregnancy within amonths of death) Major findings of operations. Character of Communication of the office of the operations. Character of Communication of the operations. Character of the operations of the operations. Character of the operations of the operati



19. Quality 30 (Date rec'll by registrar)

PLEASE WRITE PLAINLY, WITH INFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

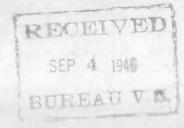
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08156

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Defined of Colombia County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Dennistra, Miss Jessie C	3. (b) Social Security Number
Female Cave S.(a) Single, married, widowed, or divorced Female Cave Single	MEDICAL CERTIFICATION 2D. DATE OF DEATH
8. AGE: Years Months Days It less than one day 7. Birth place	10 1011 (1116 30 (1110 40)
10. Usual occupation	Due to
13. 8irthplace 14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
Address Takona Park, Md. 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Location	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director The 5H. Hins Co Address 2901 14 th 5+ NW. Nosh. D.C.	23. SIGNATURE Schur J, Brown W.D. or other

Address.....



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (920)



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: County TIIOnt (For newborn infants give residence of mother) (If outside very or town limits, write RURAL and give nearest town) (If outside city or town limits, write HUFAL and give nearest town) How long in above place of death?. Hospital, Institution, or street address whore death courted (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number TEAV 5. Color or race 6.(b) Namo of husband or wife. deceased (mo., day, yr.) ling It less than one day 8. AGE 9. Birthplace. (Town, county, and state) 10. Usual occupation. 11. Industry or business 8-10 42 16. Interment.... PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: It doath was due to external causes, fill in the tollowing: Aug. 16,1946 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Accident, suicide, or homicide...... Cemotory or cromatory Rockvi Union Cemetery Where did injury occur? (State) (County) (City or town) Maryland Rockvi injured at home, tarm, industry, public place (whoro?) Means of Injury Injured at work? Bethesda, Maryland 23. SIGNATURE mm E M. D. or other (Date rec' by registrar) . Date signod ... &

AUG 16 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-7

CERTIFICATE OF DEATH

U8158 Reg. Diat. No.

Mate signed ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Southern Luce
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Sulurban dospetal	Street No
How long in hospital or institution? Sures 8 11 116	2.(a) If veteran, name war
3,(a) FULL NAME	3. (b) Social Security Number
Balon Kalph Clinton Carp	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
may wis	20. DATE OF DEATH. Caracter 15 19 6 , st G. M.
6.(b) Name of hydraud or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	angest 1) 1946 to angest 199
7. Birth date of deceased (mo., day, yr.)	and thet I last naw h
8. AGE: Years Months Days It less than one day	Immediate cause of death Mar Shahlange of Land DURATION
	Charles of John you
Techeod - marda 1	Due to Cidabata the of my literal of
9. Birthplace (Town, county, and state)	Daniel Markey and
10. Usual occupation.	Oue to Child beliebeliebelie of forther beth
11. Industry or business	UUE IO.
12. Name Leventown MA	Other conditions
I 18. Birthplace Legunantown Man	
# 14. Malden name Cother Clark	(Include pregnancy within 3 months of death)
15. Birthplace Penney varia	Major findings of operations.
D. D. S. Clarken	
16. Intormant	Autopsy results
Address Jacksburg Margari	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or repsyval. Which?) Date thereot (mg/ith) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory SUBURBAN HOSIS 1774 L	Where did injury occur?
8/0-01-000 Tour BETHEODO WILMING	(City or town) (County) (State)
	Means of Injury Injury Injury
18. Funeral director	Description of the second of t
Address Obert	22 SIGNATURE MASTER WELLOW MILE
10 8/19 10 46 9pm & Jobes	23. SIGHATURE JAMES AND OF OTHER STATE OF STATE
19. S 19 19 19 19 19 19 19 19 19 19 19 19 19	Address / 821 MANAM LIVE MANAGE signed 116/16



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

(8159 216 Reg. Dist. No. 367

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland County Montgomery
City or town. Chayy. Chase. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 511 Rolling Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MILDRED HAMILTON FALLOWFIA	ELD NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH AUG. 8. 1946 at 8 A. M
6.(b) Name of husband or wife Frank Paul Fallowfield	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
	Van 1846 108 Aug 1846
7. Birth date ot years	and that I last saw her alive on & Aug 1946
deceased (mo., dey, yr.) December 14, 1898	Immediate cause of death
8. AGE: Years Months Days It less than one day	Adeno carcinoma cerebral
47 7 24hrsmin.	metastatic from left breast 3 mos
9. Birihplace Baltimore, Maryland (Town, county, and state)	Due ta Adeno carcino ma left
(Town, county, and state)	breast Pyrs.
10. Usual occupation Housewife	Due to
11. Industry or business	
12 Name Wiley Carroll Hamilton	Other conditions Generalised metastases
3 13. Birthplace Baltimore, Maryland	from breast Carcinoma (Include pregnency within 3 months of death)
14. Maiden name Floyd Wortham 15. Birthplace Middlesex, Virginia 16. Informant Frank Paul Fallowfield	
15. Birtholace Middlesex, Virginia	Major findings of operations
16. Informant Frank Paul Fallowfield	Actorsy results.
511 Rolling Rd.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Chevy Chase, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Burial (Burial, cremation, or removel, Which?) (Burial, cremation, or removel, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Woodlawn Cemetery	Where did injury occur?
Baltimore, Maryland	
LOCATION	Injured at home, tarm, industry, public place (where?)
18. Funeral director WM. Laulen Lumphrey	Means of injury injured at work?
Address Bethesda, Maryland	23. SIGNATURE Stewart black, M. H.
18 8/9 1846 7pm 6 Jales	A Grade M. D. or other
(Date rec'd by registrar)	Address 3 92 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

RECEIVED
AUG 14 1946
BUREAU

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Mont gomery	(For newhorn infants give residuocé of mother)
City or town Takkmal Kark (If outside city or town limits, write RURAL and give nearest town)	state Mary land county Montgomery
(If outside city or town limits, write KURAL and give nearest town)	City or town Talkoma Park
How long in above place of death? 2 hrs. 25 min.	(If outside city or town limits, write RURAL and givs nearest town)
Hospitat, Institution, or street address where death occurred:	street No Washington missionary College
washington Sonitarium and Hosp.	(If rural, give LOCATION) Ceptral Hall.
How long in hospital or institution? 2 hrs. 25 min.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carrie Feltus	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Fie cauc. widowed	
te Cauc. widowed	20. DATE OF DEATH Clary 16 19X6 21 3. a.e. A. M
8.(6) Name of husband or wife James Feitus.	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
	Sef my 6 9 19 , 10 19
7. Birth date of	and that t last saw h alive on taus care 19.
deceased (mo., day, yr.) April 12 1875	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
7/ 4 Hhrsmin.	Corgrany orchism 2 hrs.
Vinary Haven Maine	+
8. Birthplace Vinal Haven Maine (Town, county, and state)	Oue to
R. t. and	
10. Usual occupation	Due to
11. tadustry or business	
12 Name Sames Norton	Other conditions
12. Name Somes Norton. 13. Birtholace	
	(Inclode pregnancy within 3 months of death)
E 14. Malden name Lydia Phillips	Major findings of operations
14. Malden name Lydia Phillips 15. Birthplace Mass.	Date of op.
Production Co of black	Autopsy results. Auto as above
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Takoma Park md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof aug 19, 1746.	
(Burial, cremation, or repowal. Which) (month) (day) (year)	755657
Cemetery or crematory Let - Last femanes Completes	Where did injury occur?
Location Ligge Road Hyattarille M. Vi Goo Co.	Injured at home, farm, Industry, public place (where?)
CO CT. W. A. Th. O. S. A.	Means of injury injured at work?
18. Funeral director	Truck & Brownhack m. J.
Address 25th Carrol St. Takopya large 21	- Thank J. I source
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other
19. aug. 16.19.46 / - / // // // // // //	stone the ship leve me are signed & - //an /d

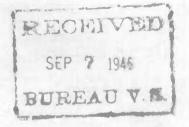
AUG 17 1946
BUREAU V. 8

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

216

1. PLACE OF DEATH: countyMontgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County		
(If outside city or town limits, write RURAL and give nearest town)	City or town		
II How long in goose biace of neglig:			
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md.	Street No. 76 New York Avenue, N. W.		
How long In hospital or institution? 7. hours			
	2.(a) If veteran, name war.		
3. (a) FULL NAME FILLMORE, Ernest (n)	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male W-US married	20. DATE DF DEATH 29 Aug. 19 46 5:05AA		
5.(b) Name of husband or wife Winifred Fillmore	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	28 Aug. 19 46 to 29 Aug 19 46		
7. Birth date of 7.0 Mounts 7.002	and that I last saw h im alive on 29 August 19 46		
deceased (mo., day, yr.)	Immediair cause of death.h. DURATION		
8. AGE: Years Months Days If less than one day 10	Vneumons, labeler 7.00y		
9. Birthplace Michigan (Town, county, and state)	Rue to		
(The state of the			
10. Usual occupation. veteran	Due to		
11. Industry or business			
質 12. Name Frederick Fillmore	Other conditions total cerchoais		
13. Birthplace Michigan	(Include pregnancy within 8 months of death)		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Bertha Wood 15. Birthplace Michigan	Major fieddiegs of operations		
≥ 15. Birthplace	Date of op		
16. Informant Wife: Mrs. Winifred Fillmore	Autopsy results Mission north Alustin & fallo Civilian		
Address 76 New York Avenue, N.W., Wash., D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
burial (Burial, cremation, or removal. Which?) Oate thereof 9-3-46 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?)	Accident, sulcide, or homicide		
Cemetery or crematory Arlington National	Where did injury occur?		
Location Arlington, Va.	tnjured at home, farm, Industry, public place (where?)		
Location Arlington, Va. 18. Funeral director. W. W. CHAMBERS L. L. Chambers Co.	Means of injury Injured at work?		
	2/1/ James		
Address 1400 chapin St., N. W. Wash of the	23. SIGNATURE T. S. BARNES, Lt.Cdr. (MC) USN		
8-29 46 Mary Charlotte Smith	M. D. or other		
(Date rec'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 8-29-46		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137-0

CERTIFICATE OF DEATH

		816	1 ,
X		7/	14
	Reg. Diat.	No	

2			CERTIFICA	Reg. Diat. N	lo	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County. Won	tgomary		***************************************	••		
City or town	lver Spr	ing	RURAL and give nearest town)	State County County	*****************************	
				City or town	(ive nearest town)	
Hospital, Institution, or	street address where	death occurre	!	Street No. 1305 Irving St. N. W. (If rural, give LOCATION)		
How long in hospital or	r Institution?		***************************************		V	
3. (a) FULL NAM		Marie	Fogerty	3. (b) Social Sec	urity Number	
4. Set Female	5. Color or race White	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH Aug 17		
	T					
8.(8) Name of hoshand	or wife	ames	p 0	my 1041 10 a	sex. 16 1946.	
7 Piets date of			c) 11 alive, give ageyea	and that I last saw h en alive on	ea. 16 1946	
deceased (mo., dey,	m.) Oct.	11, 1	862	= Immediate capaçol death		
8. AGE: Years	Months	Days	It less than one day	Chin mysesteli	01101100000000	
83			hrsml	- !!		
8 Birthalass	Wisconsi	n		Due to Carlin - varadu - Rea	e	
9. Birthplace	(Town	, county, and	state)	series.		
10. Usual occupation			***************************************			
11. Industry or busines						
12. Name	Dana Cle	ments		Other cooditions		
13. Birthplace	Vermont					
a	Retar Ne	weamb	e	(Include pregnancy within 8 months of death)		
14. Maiden name.	Vormont	.ur.s.ombo	<u>Q</u>	Major findings of operations		
≥ 15. Birthplace	ABLIMOTIC			Date of op		
16. Informant	irs. Wat:		nson	Autopsy results.		
Address]	305 Try	ing St	reet N. W.	PHYSICIAN: Please underline the cause to which death should be cl		
		_	eol Aug 20 19 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing		
Cemetery or crematory Ft. Lincoln Cemetery				Where did injury occur?	(State)	
Location Blade	nsburg F	d. Wa	shington, D.C.	Injured at home, farm, industry, public place (where?)	0.0000000000000000000000000000000000000	
19. Funeral director	0 1/	Hin	1.0		k?	
Address 2 90	01-147	PU S	t. 7.10.	23. SIGNATURE PS. Milliams		
		ann	· NE	76- 1 -111	M. D. or other	
Date rec'd by re	oistrar)		Registr	ar Address 35 her the key regale	signed 8/17/46	

BELIASH TO THEMTSACHO STATE GRALENAM

MEANG ADOLES OF BEATH

RECEIVED AUG ?2 1946

2411 N. Charles St., Baltimore (30.0)

08163 Reg. Dist. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DE Mont	tgomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If	Bethesda (1 outside city or town e of death?	nits, write F	CURAL and give nearest town)	Slate		
Hospital, institution, or	r street address where al Hospital	death occurred	esda, Md.	Sireet No. 2139 Stafford Street (If rural, give LOCATION) 2.(a) If veteran, name war. 1st World War.		
3. (a) FULL NAM	E	FRENCH	William Thomas	3. (b) Social Security Number		
4. Sex male	5. Color or race W-US		e, married, widowed, or divorced parried	MEDICAL CERTIFICATION 20. DATE OF DEATH. 6 August 19 46 2 2:20		
	A na con m		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 August 19 46 10 August 19 46		
8. AGE: Year	s Months	Days 4	If less than one dayhrsmin.	Immediais cause of death Corebral homorrhage DURATION		
1D. Usual occupation. 11. Industry or busines	Veteran			Due to Attriolor nephrosilers y		
13. Birthplace	Va. Henretta			(Include pregnancy within 3 months of death)		
15. Birthplace	Va. e: Mrs. Shi	rley I	rench	Major findings of operations		
17. buri.	al	Date ther	Arlington, Va. 8-9-16 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
11	ington, Va	.	ional	Where did injury occur?		
18. Funeral director Address Geor	getown, D.	Coman	(Joone)	Means of Injury Injured at work? 23. SIGNATURE		
19. 8-6	1, 46	Mary (harlotte Smith	USNH Bethesda, Md.		

AUG 14 1946
BUREAU V 8

correct age

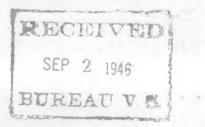
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF I				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	,
	gomery .			VH 2	ADIN
City or town Bethesda. (Rural) (If outside city or town limits, write RURAL and give nearest town)				State County County	. ()
How long in above place of death? 8 days				City or town Great Mills Maryland (If outside city or town limits, write RURAL and give r	nearest town)
How long In above place of death?				Street No.	
U.S. NAI	IAL HOSPITA	L. BETH	IESDA MD	(If rural, give LOCATION)	
				2.(a) It veteran, name war	1
3. (a) FULL NA	ME			3. (b) Social Securit	v Number
TOTEL T. II	Townson.	na Dama	AND AND HON		
4. Sex	5. Color or race	6.(a)Sing	ald AMMIc, USN le. married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	W-US	Ma	rried	20. DATE OF DEATH	, 21 S .: 30 A M
e (h) Hama ad bushe	nd or wife Mrs.	Ivda Fu	llmer	21. I CERTIFY that death occurred in the date above stated; that f attended de	ceased from
A COUNTY OF THE PARTY OF THE PA				Del med p 19 10	
7. Birth date of			c) If alive, give age18years	and that last saw hailve on Case	19
deceased (mo., da	y, yr.) 10-28-	23		Immedia: cause of death	DURATION
8. AGE: Ye	ars Months	Cays	It less than one day	Lotar parlina	4 laso
22	10	1	hrs min.	Perlmonen selemin	4 dles
· De	`			2.	11
9. Birthplace	Town	, county, and	atate)	Due to Thuring fleth affers	···· Constituted for
				7 5 0 (11 / 1	& days
		,		Oue to fractive of left trip	a ways
11. Industry or bush				mudwlet)	
里 12. Name	on Fullmer			Other conditions	
				(Include pregnancy within 3 months of death)	
14. Maiden nar 15. Birthplace	. Flizathe	th Deng	g.		
EO .	Pa.			Major fiedings of operations	
16. Informant Ma	s. Lyda Fu	llmer		Aotopsy results. Summe av atovs	7 31
Address G1	eat Mills,	Md.		PHYSICIAN: Please noderline the caose to which death should be charge	d statistically.
			0 - 10 10/11	22. VIOLENCE: It death was due to external causes, fill in the following:	1
(Burial, cremat	ion, or removal. Which	Oate fher	(mogth) (day) (year)	Accident, suicide, or homicide.	1-16-XL
			()	Where did Injury occur?	(State)
Cemetery or crematory Masontown Location Masontown, W.Va.				(City of town) (County)	(State)
Location	sontown, W.	va.	***************************************	Injured at home, tarm, Industry, public place (where?)	
18. Funeral directo	Derring &	Son	WWC	Meens of Injury the To acceden X Injured at work?	, m
	gantown, W			Frank J. Browshart	ms.
			0/1 124- 0 00	23. SIGNATURE	
10 Cine	2 4 19 Y lo	ma	in Carlotte Smith		
(Date rec'd by	registrar)		Registrar	Address Sushushus ma Oate signe	d 8 - LXIX



2411 N. Charles St., Baltimore 709

CERTIFICATE OF DEATH

-	6	316	5
1	Reg. Dist.	No	723

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County						
City or town Takoms	Park		RURAL and give nearest town)	State Virginia county Alexandria		
				City or town Alexandria (If outside city or town limits, write RURAL and give nearest		
How long in above place of dea Hospital, institution, or street			d.		1	
			w.	Street No. 724 So. Asaph St	1	
How long to hospitat or institu		TAS	າຊ	(lf rural, give LOCATION)	1/	
	tion?			2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Num	iber	
7	OSEPH	GATIZ	77 /	No		
	for or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION		
	1813 P.A				1	
Ma le	White	M	arried	20. DATE OF DEATH aug 20 19 46 at.	6:30 A M	
8.(b) Namo of husband or wife	Ros	a Ga	uzza	21. I CERTIFY that death occurred on the date above stated; that f attended deceased		
		.,		Jan 1, 1846, 10 aug 20,	1946	
7. Right date of		8.(c) ff alive, give ageyears	and that I last saw him alive on Aug 20		
deceased (mo., day, yr.)	May 5	5. 1	870	Immediate cause of death	DURATION	
8. AGE: Years	Moaths	Days	tf tess than one day		3 Days	
76	3	7	brsmlo.			
		- 1	1			
9. Birthplace	(Town	It	9 J.V.	Due to		
10. Usual occupation	P.O.T.	HILL OIL		Due to	20	
11. Industry or business	Own bu	sine	SS.			
質 12. Name	IInknov	m	***************************************	Other conditions arterio - Scleroses . gen.	1 4.	
12. Name		V 200 000 000 000 000 000 000 000 000 00	Italy	Hyang tensia	0	
	>			(Include pregnancy within 3 months of death)		
14. Maiden oame	Unkno	SMD		Major findings of operations		
15. Birthplace			Italy	Date of op.		
	71-45	740	Dellacasa		0,000,000,000,000,000,000	
16. Informant		L.L.G.id		Autopsy results	stically.	
Address 3361 M	litary	r Rd.	N.W. D.C.			
a Runial		Date the	aug. 22 1946	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or res	noval, Which?)	Date the	eof Care 22,1946	Accident, suicide, or homicide	00 == 000 00 = 0 == 00 000 00 00 00	
Cemetery or crematory St. Mary's Cemetery				Where did injury occur?	ate)	
Location Was fington, D. C.				injured at home, farm, industry, public place (where?)	***************************************	
18. Funeral director	A. A.	line	o Co.	Means of Injury Injured at work?		
	L4th St		0/00	tonin Minds	mg	
Maniess Cool	LTUIL DI	12/2	HART X 11	23. SIGNATURE	ha-	
19(Date rec'd by registrar	d 19 46	77 4	MACA DE Registrar	Address 200 mass. are hu Date signed 5.	.20.46	
	U					

WHAT SO TENEDLY STATE OF APPLICATE

CERTIFICATE OF DESCRIP

A DOMESTIC AND PROPERTY AND A STREET OF THE PARTY OF THE

The state of the s

R1-10 1 AUG 23 1946

BUREAU VE.

A Table and Superport Appendix

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

U0100
Reg. Dist. No. 223

- Ju			
	1. PLACE OF DEATH: Mantagery	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
	County City or town Marine Park	State Maryland Count	Martanera
	(Moutside city or town limits, write RURAL and give nearest town)	City or town Tekomas	Ark 1
	How long in above place of death?	(If outside the or town limits,	write RURAL and give nearest fown)
	120- Have Ste	Street No. 26 - (If rural, give L	OCATION)
	How long in hospital or institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME		3. (b) Social Security Number
	Eld Frederick Carnes Silber	1	o (o) boom becamy named
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
	M. W & Thedowed.	2D. DATE DF DEATH Que	9 3/ 19 46 16:30 9 M
	B. (b) Name of husband or wife She Mary Gilbert.	21. I CERTIFY that death occurred on the date above	stated: that I attended deceased from
	- 1	march 19 3	3 to dug 31, 1976
	7. Birth date of	and that I last saw h Annualive on	aug 130, 1946
	8 A.G.E. Years Moorks Days Hess than one day	Immediate cause of death	DURATION
	-0.10	Cerebral heman	shage Styss
	\$18	with hemplegs	a
	9. Birthplace production (Town/county, and state)	Due to.	1482
	10. Usual occupation Minister	Commo Jeen	The same
	11. Industry or business Stoner of Con Strango Cal. D. D.	Due to	0
		10000	1100018 3 = MA
	12. Name	Dther egiditions	trables read.
		(Include pregnancy within 8 mg	nths of death)
	14. Malden name	Major findings of operations Thonk	
	≥ 15. Birthplace		
	18. Informani Seth Helhert Mefler	Antopsy results nous	
	Address 5875 Deleware St. ndignapolis Ind	PHYSICIAN: Please underline the cause to which	h death should he charged statistically.
	Build I Jakl	22. VIOLENCE: If death was due to external cause	s, fill to the following:
	(Burial, cremstion and action Which) Date thereof (month) (usy) (year)	Accident, sutcide, or homicide	Date of
	centreperformatory to the the text Complexy.	Where did injury occur?(City or town)	(County) (State)
	Location to the Orange Star Mars.	Injured at home, farm, Industry, public place (when	re?)
	18. Funeral director Metrick Wallets	Means of Injury	Injured et work?
	Address / 254 Farrell Sh Flatana Cart	05. V B 2 7 TO	125/2
	Burgh III Strom ADIAN	23. SIGNATURE	M, D, or other
	19. Cella 3 19 to //////	-7894 Ha are Lilver	Shring Ja 1 8-31-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore 93-4 CERTIFICATE OF DEATH

08471 Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town	mark taum)
Hospital, Institution, or street address where death occurred:	Street No. 7322 - Pinely Branch A) owa,
	(If rural, rive LOCATION)	
How tong in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security	Vembor
	3. (b) Social Security	demper
Bertha Miller Gordon		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH 5- August 1946	at 11 40
6.(b) Hame of husband or wife Cuthus Franklin	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
S.(c) If alive, give age years	3 August 1946 10 5 Augus	19.7.6
7. Birth date of	and that I last saw hele alive on 5 August	1846
deceased (mo., day, yr.) (III) - 10 - 1012	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Cerebral Hemorrhage	60 hours
// min.		
8. Berthplace Indiana	Due to Ay pertensine Heart Delase	34 years
(Town, county, and state)	4/	
1D. Usual occupation Itouseurfe	Bira As	
11, Industry or business	Due to	*******************************
12. Name Jamels Miller 13. Birtholae Indiana	Other conditions	024000000000000000000000000000000000000
\$ 13. Birthplade \mathrace mal		
14. Maiden name Meurhermay 15. Birthplace Todiomo	(Include pregnoncy within 8 months of death) Major findings of operations.	
\$ 15. Birthplace may 1		
Bertho a Hordon	Date of op.	
16. Informant	Autopsy results	detistics No
Address / 326 Finey Branchila,	22. VIOLENCE: If death was due to external causes, fill in the following;	L.
17		
17. (Bnrial, cremation, or removal, Which?) (Bnrial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Colon ON Will Glass &	Where did injury occur?(City or town) (County)	(State)
Location	Injured at home, farm, Industry, public place (where?)	
0 /// ///	Means of Injury Injured at work?	
18. Funeral director STY Wirels 60	means of sulful and su	
Address 2, 901-14 Star 18. 115	MARIN	10
Mus 6 14 XIN red love	23. SIGNATURE JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ	
19. (Dato pec'd by registrar)	Address 1/2 Willow Aud. Date signed.	Aceg 1946
y washing	Takoma Pack, ind.	

MARTIARD STATE DEPARTMENT OF REALTHER

CERTIFICATE OF DESCRIP

RECEIVED

AUG 7 1946

BUREAU V, S

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

13	0.1	6344	
Reg.	Dist.	No.	

1. PLACE OF DI			2. USUAL RESIDENCE (HOME)	OF DECEASED:
				ounty Montgomery
City or townS1	outside city or town	mits, write RURAL and give nearest town)		
			City or town Silver Spring (If outside city or town lim	its, write RURAL and give nearest town)
	K street address where		Street No. 9 Belmont Court	
				ve LOCATION)
			2.(a) ff veteran, name war	
3. (a) FULL NAM	IE			3. (b) Social Security Number
	USSEY GRAHA			none
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
female	white	widowed	20, DATE DE DEATH august	14 1946 a 5:15p
6 (b) Name of hughans	Alber	t F. Graham	21. I CERTIFY that death occurred on the date a	
				940 10 aug 14 1946
7. Birth date of	· · · · · · · · · · · · · · · · · · ·		and that I last saw h.Aalive on	ug 141 1941
deceased (mo., day.	yr.) Dec. 14	, 1869	Immediate cause of death	DURATION
8. AGE: Year	rs Months	Days If less than one day	Cerebral 7	Hemorhage
76_	8	Ohrsmin.		0
9. BirthplaceB1	razil, Indi	ana county, and state)	Due to Hy pertans	***************************************
		overnment Employee;	G. To ingo De	بجني
		ceacher: writer	Due to Wilestoscle	
443		sey	0	
H 1			Other conditions	
~	Carlisle,		(Include pregnancy within	3 months of death)
		set	Major findings of operations	
E 15. Birthplace	Canfield, ()hio		
		M. & Lucia Hussey, sister	P Skutopsy results	
			PHYSICIAN: Please underline the cause to	which death should be charged statistically.
		rt, Silver Spring, Md.	22. VIOLENCE: If death was due to external c	auses, fill in the following:
17. Cremat	ion n, or removal, Which?	Date thereof. Aug. 16 1946	Accident, suicide, or homicide	Date of
		coln Crematory	Where did injury occur?(City or town	
Location Bladensburg Rd. Md.				(where?)
18. Funeral director	Warner	& Pumpkey	Means of Injury	Injured at work?
	ver Spring.		(0 41	Harding M.D.
		0 1	23. SIGHATURE WOULD No.	M. D. or other
19. aug /	J 19 46	Josephine W Ochaeff	1/3 PANADO	Date signe (Jug 15, 19)
(Date read by r	egistrar)	Regular	II Address	Y

RECHIVED

AUG 20 1946

BUREAU VS

VS A15 9.45-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

08168

CERTIFICATE OF DEATH

Rog. Diat. No. 714

1. PLACE OF DEA	Mont	gomer	V	Z. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)				
County			***************************************	state Maryland county Montgomery				
City or town	outside city or town liz	nits, write R	illendale) URAL and give nearest town)					
How long in above place	of death?			City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or	street address where	leath occurred	:	street No. 8201 Queen	Annes Drive			
OverT	OOK DEIV	3			al, give LOCATION)			
How long in hospital or	institution?			2.(a) It veteran, name war				
3. (a) FULL NAMI	E	7	F.		3. (b) Social Security	Number		
	welf	ond	Hairfu	eld	none			
4. Sex	5. Color or race	6.(a)Single			L CERTIFICATION			
male	white	wi	dowed	20. DATE DF DEATH	9 4 10 %/	13'40 P		
	Corr			21. I CERTIFY that death occurred on the				
6.(b) Name of husband	or wife Corr	1110 1	A					
7 Right date of		6.(0	e) If alive, give ageyears	and that I last/saw halive on	tau con	19		
deceased (mo., day,)	m Aug.	29th.	1885	Immediate cause of death				
8. AGE: Years	Months	Days	If less than one day	The second of the second		1 - 0		
60	11	25		Coronary o	telusion	suddul		
9 Rirthplace V	irginia		state)	Due to.				
3. Dirtipinos	(Town,	county, and s	state)	V				
10. Usual occupation	Retired	Farm	er	Due to				
11. Industry or busines	\$				9	***		
置 12. Name	landa Ha	irfie	1d	Other conditions		***		
12. Name F	Virginia	а						
					ithin 3 months of death)			
14. Malden name.				Major findings of operations				
	Virgi			Date ot op.				
16. Informant MT	s. James	Ta J	ones	Antopsy results				
Address AVE	nel Rd.	Silve	r Spring			stausticany.		
17 Buria	1	Date then	8-27-1946	22. VIOLENCE: It death was due to exte				
	or removal, Which?)		(month) (day) (year)	Accident, suicide, or homicide				
Cemetery comments	Payts			Where did Injury occur?(City or	town) (County)	(State)		
Location Pay	ts, Oran	ge Co	. Va.	Injured at home, farm, Industry, public p	lace (where?)			
	Warne	_ /	unfahrey	Misans of Injury	Injured at work?	<u> </u>		
13. Fulleral Ulrectul	• • • • • • • • • • • • • • • • • • • •		pet	71	1 13.001.0	mac		
Address S	ilver Sp	ring,	Md'.	23. SIGNATURE	+ Janosenene	1000		
10 Gue 21	19 44	Jus	whire he toka !!	le de la constante de la const	ed Etam , M. D			
(Date redd by re	gistrar)		Registrar	Address darshing	Date signed	8-24-46		



totalest in the more said of the finite form

3	rmation carefully. The correcath clearly and legibly.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and Degibly.
	WITH timporta
VS A15 9.45.1	PLEASE WRITE PLAINLY, is especially

			CERTIFICAT	TE OF DEATH Reg. Dist	. No. 217
How long in above place of Hospital, Institution, or st The Montgar How long in hospital or li	omery Mode city or town/li death? Ireet address where nery Come	mits, write R death occurred	URAL and give nearest town)	(If rural, give LOCATION) 2.(a) If veteran, name war	nd give nearest town)
3. (a) FULL NAME				74a1/ 3.(b) Social	Security Number
Male.		4	, married, widowed, or divorced	MEDICAL CERTIFICATI 20. DATE DF DEATH. August 12. 21. I CERTIFY that death occurred on the date above stated; that I att 1749 ust 12.	19. 7. 6 at . 3 . 00 P. N landed deceased from
7. Birth date of deceased (mo., day, yr.)		+ 12	1946	and that I last saw h	
8. AGE: Years	Months	Days	tf less than one day	Prematurety	T'z mo-
13. Birthplace 14. Maiden name	daxan Pilliam Pdesser Daviett	My Howar hee	Hall rginia.	Due to	1 ор.
Address 17. (Burial, cremation, c Cemetery or crematory Location	tion or removal. Which?	Date there	8-12-46	Antopsy results	wing; te of
Address 19.	- 19 46 strar)	Je Je	Ludeb Lawle Registrar	23. SIONATURE Spring and Da	M. D. or other

AUG 14 1946
BUREAU V 8

the state of the s

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

U8170 Reg. Dist. No. 223

	PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
Co	unty Mont gam	359	10 4	
СН	y or town Is outside city or town lin	mits, write RURAL and give nearest town)	City or town (1f outside city or town limits,	vash P.C
Ho	w long in above place of death?	J AVS.	(If outside fity or town-limits,	write RURAL and give nearest town)
Ho	spital, Institution, or street address where o	leath occurred:	Street No. 2128 00, 720	end Terrace
1 6	Vashington Dar	11 tarium & Dospites	(If rural, give I	LOCATION)
Ho	w long in hospital or Institution?	5 hrs.	2.(a) If veteran, name war	
3.	(a) FULL NAME			3. (b) Social Security Number
	11	11a Hall		none
4.	Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
	Fe w	manied	20. DATE OF DEATH. Aug.	20 1846 14:05P
	(b) Name of husband or wife	John Hall	21. I CESTIFY that death occurred on the date abov	e stated; that I attended deceased from
5		(/	Stringery 194	14 to aug 30 1946
7.	Birth date of		and that I last sew h alive on	ag 20 1946
	deceased (mo., day, yr.) Oct-	7 1889	Immedia cause of death	DURATION
8.	. AGE: Years Months	Days If less than one day	Luter corebral A	emorrhage This
	59 10	/6min.		
9.	Birthplace Temple	County, and state)	Due to asteriosclero	uis Years
11). Usual occupation.		But Hyperleuse	on 4ears
111	I. Industry or business		000	
- management		ly Sulesbury	Other conditions Asharing	arladis 3 yrs
FATHER	13. Birthplace Kente	take of	(Include pregnancy within 3 m	/
HER	14. Malden name Monda 15. Birthplace Lamps	ty Lepton	(Include pregnancy within 3 m	
1 5	15. Birthplace	enspasso. Tex.		Date of op
	6. Informant 22 91h	n Hall	Autopsy results Confirm abo	we diagnoses.
	Address 2129 Fruit	land Tenner work	PHYSICIAN: Please gaderline the cause to whi	ich death should be churged statistically.
	Bis	5-21-1PG	22. VtOLENCE: tf death was due to external cause	ses, fill in the following;
1	(Burial, cremation, or removal, Which?)	Date thereof(month) (day) (year)	Accident, suicide, or homicide	Oate of
	Cemetery or crematory		Where did injury occur?(City or town)	(County) (State)
	Was	- Tedan	injured at home, farm, industry, public place (wh	
	Location	11/1/	Msans of injury	Injured at work?
1	8. Funeral director	Su suno a	000	7115
	Address (//300-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE / Cober	Marellis-
11	(Date rec'dby registrar)	7 - 1 Julia Registrar	Address Takoma Park	M.D. or other M.D. or other M.D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cohrect age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 23 1945 BUREAU V.S.

VS A15

Over

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (373)

CERTIFICATE OF DEATH

081742 Reg. Dist. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland County Howard
City or town	/- · · · · · · · · · · · · · · · · · · ·
How long in above place of death?	City or town. (If outside city or town limits, write AURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Me Montgomery County General Hospita	(If rural, give LOCATION)
How long in hospital or institution? 38 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joshua Hammond.	
4. Sex 5. Color or race 6.(a)Singla, marriad, widowad, or divorced	MEDICAL CERTIFICATION
Male Colored Married.	
	20. DATE OF DEATH A 4945 + 3 1946 at 11:15 P. M
S.(b) Nama of husband or wite. MARY	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
6.(c) If alive, give age 5.0 years	June 26 1946 10 August 3 1946
7. Birth date of	and that I last saw h . M. allve on Pagust 3. 1946
	Immediate cause of death
o li	Uraemia 5 days
9. Birthplace	Due to Hypertrephied Prostate
16. Usual occupation TARMER	
10. Usual occupation	Due to Urixary retention
11. Industry or business	
12. Nama Toshua Hammond.	Other conditions
3. Birthplace HOVVARO CO Md	(Include pregnancy within 3 months of death)
14. Malden name CARRE SMITH	
15. Birthplace 146WARd Co Md	Major fiadings of operations Cystotomy
	Data of op. Welly Syll746
16. Informant Hospital records	Autopsy results
Address	
(Burial, cremation, or remayal, Which?) Date thereof August 9. 1946 (ponth) (day) (year)	22. VIOLENCE: If death was dua to external causes, fill in tha following:
1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Accident, suicide, or homicide
Cemetary or crematory Holland Cemeters	Where did Injury occur?
Location Heward Cunty margland	Injured at home, farm, industry, public place (where?)
6 6 6 6 6 6	Means of Injury Injured at work?
18. Funeral director of Orleans Control of Management Strate	7 1 0 1
Address 66 West Gam & Battering on	A3. SIGNATURE
8/6 X6 B/6 Aledon	M. D. or other
(Dato rec'd by registrar)	Address Sandy Spring Md Date signed 8-4-46

The age statement is inconsistent with the birth year. After incuiry at the hospital we find that evidence as to the age is confused.

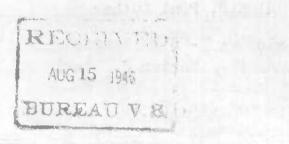
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11/6/46

2411 N. Charles St., Baltimore 95-CERTIFICATE OF DEATH

08172

age	2411 N. Charle	es St., Baltimore 950	601.45	
	CERTIFICAT	E OF DEATH	Reg. Dist. No. 216	
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: Countra. Montgomery City of town. Bethesda (Rural) (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 4 mo. 4days. Hospital, institution, or street address where death occurred: U. S. NAVAL HOSPITAL, Bethesda, Md. How long in hospital or institution? 4 mo. 4 days.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State	Deceased: nother) D. C. write RURAL and give nearest town)	
nati	3. (a) FULL NAME		3. (b) Social Security Number	
forr	HINKLE, Paul Luther		•	
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced		RTIFICATION	
VDING tem of causes	Male W-US Married	20. DATE OF DEATH 7 August	19 46 10:40	
BIL ry il	5,(b) Name of husband or wife. Marion J. Hinkle 6.(c) If alive, give ageyears	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 April 19 46 10 7 August 19 46		
Supply eve	7. Birth date of deceased (mo., day, yr.) Jan. 5. 1897	Immediate cause of death		
	8. AGE: Years Months Days If less than ooe day	Stypostalie Prus	ronia. 3 d.	
Suj Suj	49 7 2hrsmin.			
RGIN RESERVED ADING INK. Supp Physicians: please	9. 8irthplace Pa (Town, county, and state)	Due to Kardiae Delongrie	salım 5d	
(3 ()	10. Usual occupation Veteran	Due to General; ged Theo	mboargeleo 44.	
EGII DII	11. Industry or business	() Oscillarous		
	12. Name	Other conditions		
MA MA MA MITH UNF	H 14. Maiden name Emma Curans	(Include pregnancy within 3 m	onths of death)	
THOO HO		Major findings of operations		
T) Pr	1 15. Britispiace		Oate of op	
ally,	16. Informant Wife, Mrs. Marion J. Hinkle	Autopsy results	ich death should be charged statistically.	
PLAINLY, is especially	Address 303 Livingston St.SE, Wash.D.C.	22. VIOLENCE: If death was due to external cause		
oll A esi	burial Bate thereof Aug. 12, 1916 (month) (day) (year)	Accident, suicide, or homicide	Date of	
	Cemetery or crematory Arlington National	Whers did injury occur?(City or town)	(County) (State)	
5 9.45.15 SE-WRITE	Arlington, Va.	tnjured at home, farm, Industry, public place (wh		
0	18. Funeral director. S. H. Hines OBP.	Means of Injury	Injured at work?	
A15	Address 2901 14th NW., Wash., D.C.	23. SIGNATURE DUNN, C	Comdr.(MC) USN.	
VS A1	19 8 August 19 46 Mary Charlotte Smi	th USNH Bethesda,		
9/13/46				



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At the second

2411 N. Charles St., Baltimore

	corre	1. PLACE OF DEATH: Montgomery					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
3	on carefully. The correctearly and legibly.	County City or town. City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Now long in hospital or institution?			State Maryland county Montgomery		s, write RURAL and give nearest town	t town)	
	information of of death clear	3. (a) FULL NAME			Tosley			3. (b) Social Security Number	
D'A'	of se	4. Sex 5. Color or race 6.(a)S		S.(a)Singi	(a) Single, married, widowed, or divorced Single			ERTIFICATION	۵.۵
FOR BINDI ly every item write the cau		6.(b) Name of husband or wife			ears	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19.41 to Charge of the last saw h / Malive on		.19	
		deceased (mo., day, yr. 8. AGE: Years	Months	Days	It less than one day	nin.	Immediate cause of death of the Market of the	1 80	
RESER G INK.	INK.	9. Birthplace					Due to.		
9-45-1 MARGIN WRITE PLAINLY, WITH UNFADIN is especially important. Physically important.		13. Birthplace Montgomery Co. 14. Malden name Catherin Potts 15. Birthplace Montgomery CO ID.					(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
		Address 17. Buri (Burial, cremation, Cemetery or cremator Location	lagetts al or removal. Which Fri Llagetts	ville Date the endshiville	(month) (day) (year)	19	Autopsy results. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	hich death should be charged statistica uses, fill in the tollowing; Date of)
VS A15	PLEASE V	Address	aytonsv	ille	er Olla W. Bure Regis	leu	23. SIGNATURE James 7. 1 Address Damesons, Mo	err M. N. D. or other M. D. or other Date signed F/19	1

CERTIFICAT	TE OF DEATH	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
177)	State Maryland County Montgomery	20000000000000000000000000000000000000
nd give nearest town)	City or town	town)
	Sireet No	>======================================
	2.(a) If voieran, name war	
ey	3. (b) Social Security Nur Mone	nber
, widowed, or divorced	MEDICAL CERTIFICATION	
le	20. DATE OF DEATH August 18 1046 st	
give ageyears	21. I CERTIFY that death occurred on the date above stated; that I altended deceased 19.4	19.46 ·
s than one day	Immediate cause of death.Minc.Man.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A	
hrsmin.		
•	Bue to arteriosolartic cardiovascular 15	
	Due to	
	Diher conditions	
	(Include pregnancy within 3 months of death)	







2411 N. Charles St., Baltimore 940)

CERTIFICATE OF DEATH

101/4 Dist No 2/3

I. FLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Sounty Montgomery Rockville, Maryland				
City or town Rockville, Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Montgomery			
How long in above place of dealh? Life	City or town Rockville, Maryland (If outside city or town limits, write RURAL and give nearest town)			
	Street No. West End Park			
West End Park, Rockville, Maryland	Street No			
fow long in haspital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Hany y. Howar	578-07-8084			
6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Widowed				
Descrip T. Howas	20. DATE OF DEATH			
5.(6) Name of husband or wife Bessie L. Howes	21. I CERTLEY that death occurred on the date above stated; that I attended deceased from			
B.(c) If alive, give ageyears	2743 396 4 E 19 10 10 19			
7. Birth date of deceased (mo., day, yr.) July 2, 1874	and that t last saw halive on			
B. AGE: Years Months Days If less than one day	Immediate cause of death			
72 1 14hrsmin.	B. San			
	CM Mary Ordus			
Birthplace Sunshine, Montg. Co. Maryland (Town, county, and state)	Due to.			
D. Usual occupation Contactor & Builder, Retired				
	Due to			
11. Industry or business				
12. Name Julian Howes	Other conditions			
13. Birthplace Rockville, Montg. Co. Md.	(Include pregnancy within 3 months of death)			
14. Maiden name Sadonia Allen				
15. Birthplace Rockville, Montg. Co. Marvla	Major findings of operations.			
Mr. Lloyd W. Howes	Date VI Op,			
19. Interment	Autopsy results			
Address West End Park, Rockville, Md.	22. VIOLENCE: If death was due to externat causes, fill in the following;			
Burial Burial Date thereof Aug. 18, 1946 (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide			
Cemetery or crematory Rockville Union Cem.	Where did injury occur?			
Location Rockville, Maryland	Injured at home, farm, industry, public place (where?)			
18. Funeral director LAS Reselves Tesselphreef	Means of Injury Injured at work? Frank J. Bronchark De J-			
Address Rockville, Maryland				
E 19 (RAM) R	23. SIGNATURE DA M.D. or other			
19 8-19 19 46 Ketty Jane Duyler	The then be used of 16. XI			

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VS A15

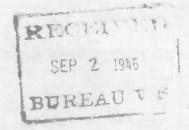
X	age
PX	. The correct age
	The
3	carefully.
	v every item of information carefully;
FOR BINDING	item of
BII	ery i
10F	r ev

	for change of yeamaryLand STATE DEPARTMENT OF HEALTH
of birth	of deceased is shown on 2411 N. Charles St., Baltimore (3/2)
FILM No. I	07 SEP 13 1946 CERTIFICATE OF DEATH

OII	2411 N.	Charles St	., Balt	more Blo
CER	TIFI	CATE	OF	DEATH

A		0.0	1	6	()		
	Reg.	Diat.	No		2	16	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
County MONTGOMERY	(For newborn infants give residence of mother) State				
Cily or town					
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)				
Nospital, Institution, or street address where death occurred:	Street No. 6604 HILLANDALE RD.				
	(If rural, give LOCATION)				
How long in hospital or instilution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
MRS. CECILIA V	OHNSTON				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
+ W W	20. DATE OF DEATH AU 90 st 3 6 19.46 . at 6:05 A. M				
B.(6) Name of husband or wife JOHN FRANK/IN	21. I CERTIFY that death occurred on the data above stated; that I attended deceesed from				
	F= 67 1943, to Aug. 30 1846				
7. Birth date of	and that I last saw h.C.X. alive on Aug. 28				
deceased (mo., day, yr.)	Immediate cause of death Congestive Heart OURATION				
8. AGE: Years Months Days If less than one day	Failure Iwk.				
8/hrs,min.					
9. Birthplace	Oue to Caxdio - Vascular Renal 3 Yrs.				
	Disease				
10. Usual occupation.	Oue to				
11. Industry or business					
12. Kame JOHN JACK	Other conditions				
13. Birthplace GERMANY	(Include pregnancy within 3 months of death)				
14. Malden name M. Lousin Kinizell	Major findings of operations.				
14. Malden name TERMANY	major nadrugs of operations				
10-0- Te-11/0 105	Autopsy results.				
	PHYSICIAN: Please underline the cause to which death should be charged statisticsly.				
Address 6604 HILLANDOLF RD.	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory	Where did Injury occur?				
	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)				
Location Statut Land Land Land Land	Meons of injury Injured at work?				
18. Funeral director Soft AN ERS JONS	01 01				
Address 1756 12 AVE NW.	23. SIGNATURE Harreld Heiger, M. D.				
19. 8/31 1046 7/m E John	M. D. or other				
(Data the'd by production)	sidence Process & James That Lad Bata stoned 8/30/46				



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

08176

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Nort gorners	5 -
(If outside city or town limits, write RURAL and give nearest town)	State U.C. County City or town Washington.
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	K31K - 43 Rest 11/11
Wash Jan. aul Hesp.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(d) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Johnston, Mrs. Cora E.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	2D. DATE OF DEATH august 19 19 46 at 7 A M
0 11 11 11 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife MR John W John 5/00	
7. Birth date of 1 1 3 1 9 9 9	July 2 10 15 16 10 Aug 19 19 46
7. Birth date of deceased (mo., day, yr.) July 3 1880	and that last saw her alive on any of the saw here
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Ada.	Bronchaguna Carcina
66 116 min.	with skultifly metasteria
9. Birthplace Buffalo, nyoak	Due to Arteriochesia months
(Town, county, and state)	
10. Usual occupation house wrte.	Due 10
11. Industry or business	
E 12 Name Edward Shaw	Dther conditions
12. Name Edward Shaw 13. Birthplace Buffalo New York	
The The same Hithward	(Include prognancy within 3 months of death)
14. Maiden name Imagene Hibbard	Major findings of operations
2 15. Birthplace Palmyra - New York	Date of op.
14. Maiden name Imagene Hibbard 15. Birthplace Palmyra - New York 16. Informant Sanitarium Records	Antopsy results. A. al.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address + 2 A COLL	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17	Accident, suicide, or homicide
9//-	
Cemetery or crematory Lleus to D	Where did Injury Occur?
Location Jockport, Mew York	Injured at home, farm, Industry, public place (where?)
4 d/ d/	Means of Injury Injured at work?
18. Funeral director	1 1 1 1 1
Address 2901 - 14 Dt W. Tr. X pohynglouble	22 SIGNATURE AT TOOK, Meade
19. 46 TITTIMA DOTALA	504 fulle ave. Fahome Tark, Het or other
(Date rec'd by registrar)	Address Date signed 9 4 6

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN KENERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

08177

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
county Montgomery	N C.
City or town Tallomal Park (If outside city or town limits, write RURAL and give nearest town)	ulach satas
How long In above place of death? 10 minutes	(If outside city or fown, limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 109 Rittershouse St. n.w.
washington Sanitarium and Hospital	(If rural, give LOCATION)
How long in hospital or institution? 10 minustes	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Thomas owen Jones	195-07-7274
4. Sex 5. Color or race 6.(a)Single. married, widowed, or divorced	MEDICAL CERTIFICATION
male cauc. Married	20. DATE DE DEATH. Ougust 1 1946 21 1:15 A.M.
8.(b) Name of husband or wife MYS. Jose phine M. Jones	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
Au 3-4.5 t / 9.0 4 8.(c) It alive, give age	19
7. Birth dags of	and that I last saw h
deceased (mo., day, yr.) RACE. Years Months Days If less than one day	Immedia: _ cause of death DURATION
o. Auc.	Sulle Beatt - Hypeterine -
72	teat disease
9. Birthplace Why ta Key Penns / Wania (Town, county, and atate)	Due to Hypellensia (1
10. Usual occupation. ACCOMENT ant and Salesman	Dus to Hypertrayslay of Heart whom
11. Industry or business	1 0 10
12. Name Internal Divin Times dr.	Other conditions Perlmany Ilam (hour
	(Include pregnancy within 8 months of death)
14. Maiden name. 12 bel M. King Pennsy Wanis 15. Birthplace MC Keespart, Pennsy Wanis	Major findings of operations.
15. Birthplace MC Keespart Gennsy Wanis	
18. Informant Mrs Jos ep Hine Jines	Arteney results as about
C = 0:4 /// 44 1/11.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 169 Miller house al. N.W.	22. VtOLENCE: tf death was due to external causes, fill in the following;
17 REMOVAL & BURIAL Bate thereof Bug S 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or oromatory EAST HARRISBORG	Where did Injury occur?
Location HARRISBURG - DAUPHIN Co - Pg.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Marine & Pumphory	Means of injury Injured at work?
Address SILVER SPRING-MARA	1 Sto of Renote Cart mo
Qua 2 W Atthem Dall	23. SIGNATURE at authory olion of F.g. & D. or but Corose
19. (Date rec'd by registrar) Registrar	Address and Sustitule 10 Portleth, Date signed Org 1, 1946
	0 0000000000000000000000000000000000000

AUG 6 1946
BUREAU VF

2411 N. Charles St., Baltimore 1310

08178

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery	(For newborn infants give residence of mother)
City or fown. Bethesda (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Montgomery
	City or town Tockville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Suburban Hospital	Street No. RUYA ROUTE (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry J. Joppy	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mae Negro Married	20. DATE DE DEATH J - 7 - 46 1946 at 12 30 Am
M:II. J. T. LOUI	
B.(6) Nan of husband or wife Mildred Joppy	21. I CERTIFY that death occurred on the date above efated; that I stiended deceased from
	July 29 1946 10 august 7 1946
7. Birth date of deceased (mo., day, yr.) July 4, 18 92	and that I last plan h. L. (M.) alive on
8. AGE: Years Months Daye If less than one day	Immediate cause of death
o. Auc.	Hypertensive CARDIO - serepal
,	IRENAL DISEASE YEARS
9. 8irthplace (Town, county, and state)	Due to
10. Usual occupation babover	Due to
ff. Industry or business	
置 12. Name Amos Jappy	Other conditions
12. Name Arn o. S. Cloppy Maryland	AND ANIENIAM
	(Include pregnancy within 3 months of death)
14. Maiden name Susie Lowes 15. Birthplace Maryland	Major fiadiugs of operations
El 15. Birthplace Maryland	Oate of op.
16. Informant Desp. Records	Autopsy results.
7	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (May) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal Which?)	
Cemetery or crematory.	Where did injury occur?
Locatio Dack rulle ned	Injured at home, farm, industry, public place (where?)
R. L. Xmunden	Means of Injury Injured at work?
18. Funer director.	A 1, 410 A. O-A-10
Address Mackwelle, hed.	23. SIGNATURE DEMINE E. De Fairles MW.
" 8/10 "41 mi & Oal an	M. D. or other
(Date rec'd by registrar)	Address Sulverlan Hand Date signed 7 august
	Belfisda Md. 1846

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-1

RECLIVED

AUG 14 1946

BUREAU V 8.

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467 CERTIFICATE OF DEATH

Reg. Dist. No. 2014

1. PLACE OF DE	ATH: Mont	gomer	V	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyF8				State Maryland county Montgomery		
City or town Fairland (If outside city or town limits, write RURAL and give nearest town)						
How long in above place			1.	City or town. Fairland. (If outside city or town limits, write RURAL and give nearest town)		
R. F	D. 2	Silve	r Spring	Street No. R. F. D. #2, Silver Spring, Md. (If rural, give LOCATION)		
How long in hospital or	Institution?	***************************************	***************************************	2.(a) If veleran, name war.		
3. (a) FULL NAME				3. (b) Social Security Number		
	ROSENDO	ANTH	RIDGE KINCAID	223-24-4377		
4. Ser	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	Wi	dowed	20. DATE DE DEATH AUG 2. 1946 at 1.75 N		
			Cornelia	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7 Right data at		6.(6	c) If alive, give ageyears	and that I last saw h		
deceased (mo., day, y		th. 1	873	Immediate cause of deeth DURATION		
8. AGE: Years	Months	Days	It less than one day	Tellamen of demand		
73	2	3				
9. Birthplace	illiamsv	rille,	Va.	Due to Carcinina deric		
	(Town,	county, and s		Lug. Daniera		
1D. Usual occupation	rarmer		***************************************	Due to		
11. Industry or bosiness		v vr.1	- • a			
12. Name	milton F	i. Kin	cald	Other conditions		
≦ 13. Birthplace V				(Include pregnancy within 8 months of death)		
14. Maiden name	Harriet	J. Ro	gers	Major findings of operations.		
14. Maiden name 15. Birthplace	Virginia	1		Date of op.		
16. Informant W1	lliam H.	Kinc	aid	Autopsy results		
Address Fairland, Maryland			d	PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
				22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Bur 1al (Burial, cremation, or removal. Which?) Date thereof All 2. 4. 1946. (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Lyle Chapel Cemetery				Where did injury occur?		
Location Millboro, Bath County, Virginia			unty, Virginia	Injured at home, farm, industry, public place (where?)		
13. Funeral director Warne & Dumphrey				Means of Injury Injured at work?		
Address Silver Spring, Maryland				mys kinder		
19 aug 3	19 4 C	Joseph	hive 24 Sharfe	23. SIGNATURE M. Der offer		
(Date rec't by reg	istrar)		Rehistrar	Address Date signed		

RECEIVED!

AUG 6 1946

BUREAU V.M.

de correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF	F H	EALTH
------------------------------	-----	-------

2411 N. Charles St., Baltimore

46:01

2. USUAL RESIDENCE (HOME) OF DECEASED:

08180

CERTIFICATE OF DEATH

Reg. Dist. No. 216

County	Montgomer	У	***************************************	(For newborn infants give residence of mother)
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)				State
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town Washington D.C. (If outside city or town limits, write RURAL and give nearest town)
	or street address where			Street No. 1311 3rd St. N.W. Wash, DC.
U.S. Nava	l Hospital	Bethe	esda, Md.	(lYrural, give LOCATION)
How long in hospital	or testitution?	7 days	***************************************	2.(a) If veteran, name war. World War I
3. (a) FULL NAI	ME			3. (b) Social Security Number
	Compline	17	lan VIVIO	n n
4. Sei	Cornelius .	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION
male	namo		married	
mare	negro		marrieu	20, DATE OF DEATH 5 August 1946 21 9:50 a.
(b) Home of bushes	Mrs. H	arri ete	a King	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
				July 18 1946 to 5 Aug. 1946
7. Birth date of	***************************************		(c) if alive, give ageyears	and that I last saw h im alive on 5 Aug 19 16
deceased (mo., da)	y, yr.) March	4. 188	31.	Impaediais cause of death Alexanders DURATION
8. AGE: Yes	ars Months	Days	if less than one day	Veritoriti and Brookho- 1 mint
6	5 5	1	hrs. min.	
				- Prummau
9. Birthpiace	laryland		state)	Due to Carcinoma of Cleum /- year
	(10Wn			with perferation into
10. Usual occupation	. Veteran		••••••	Duo to Celebramalcanty
11. Industry or busin	ess			
		no ((dec)	Cardian Usualishing revent
H	-	3 ······	(Other conditions
	Md.			(Include regressive within 8 months of death)
14. Malden nam	. Amelia H	i]]	(dec)	(Mondo)
E 15. Birthplace	Md.		X	Major findings of operations
				Date of op.
16. Informant Mrs	Harriete	King		Autopsy results. 24YML QA CUCAMA
Address 131	1 3rd St. 1	W. W.	ash. D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	3		eof 8-8-46	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, crematic	on, or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide
			onal	Where did injury occur? (City or town) (County) (State)
70				injured at home, farm, Industry, public place (where?)
18. Funeral director	Mc Guire	[mera]	Service (W. Hy.)	Means of injury Injured at work?
	9th St. I		- 0 /	scoalden want
Address 1020	JULI DUO I	2	Ol late Shout	23. SIGNATURE R. N. GRANT Cdr. (MC) USN
10 5 Augu	st 1946	Mar	y Charlotte Smith	M. D. or other
(Date rec'd by	registrar)		Registrar	Address USNH Bethesda, Md. Date signed 8-5-46
(white ree d b)			CV	AND COS.

AUG 14 1946
BUREAU V B.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

		1.5	1	8	
1	Reg.	Dist.	No.	2	216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgonery	(For newborn infants give residence of mother)
City or town Bethesda (mma) (If outside city or town limits, write kUttaL and give nearest town)	State
How long in above place of death? Lit da ys	City or town Washington D.C. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1201 9th St., NW., Wash., D.C.
U. S. NAVAL HOSPITAL, BETHESDA, ID.	(If rural, give LOCATION)
How long in hospital or Institution? 11 Days	2.(a) If veteran, name war. World War I
3. (a) FULL NAME	3. (b) Social Security Number
PTM/PTMY Y. 1	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mala W M M Marris a	
Male W-US Married	2D. DATE DF DEATH 9 August 19 46 at 6:10 p.m
6.(b) Name of husband or wife Mary A. Kitchen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot	26 July 10 46 10 9 aug 19 46
7. Birth date ot deceased (mo., day, yr.) 23 August 1889	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
56 11 16hrsmin	
Wireinia	Puris Ayhertension years
9. Birthplace Virginia (Town, county, and atate)	
1D. Usual occupation Carpenster	Due to
11. Industry or business	500 (U
買 12. Name William W. Kitchen	Other conditions
12. Name William W. Kitchen 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Mary V. Waple 15. Birthplace Virginia	Major fiedings of operations.
2 15. Birthplace Virginia	Date of op.
16. Informant Wife: Mary A. Kitchen	Antopsy results. Cerebrol fremphoge. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 4201 9th St. NW. Wash. D.C.	
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
Burial Bate thereot aug. 13, 1941 (Burial, cremation, or removal, Which?) Bate thereot aug. 13, 1941	Accident, suicide, or homicide
Cemetery or crematory. Arlington National Cemetery	Where did Injury occur?
Location Arlington Virginia	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W.W. Chambers W. V.	Means of Injury Injured at work?
	20 1 20 20
Address 1400 Chapin St., NW., Wash., D.C.	23. SIGNATURE Charles W. Thompson mo
19 10 August 19 46 Mary Charlotte Smit	Address hovel Hospita Botts ind. 12 oby 4
(Date rec'd by registrar) Registra	Address Date signed



Exact statement of OCCUPA.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 8182

1. PLA	CE OF DEA	TH A				
Coun	ity Uc	oulgo	wery		Registration Dist. No. 2/4	/
Villa	ge Dr City	ileas	Aprileia		ND. 9201 Colesuille Rd St.	Ward
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Langt	th of residence in ci	ty or town whera d	leath occurred	./	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FUL	L NAME	Corvey	le Ison	1 Kreuz.	burg If U. S. Veteran, specify WAR	
(a) l	Residence: No.	124 10	udsor (26.	St., Ward.	
` '			(Usual place o	f abode)	If nonresident give city or town and	State
	RSONAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	R OR RACE		(write the word)	21. DATE OF DEATH	1046
		w	war	ried	(Month) (Dey)	(Yeer)
HUSBA (or) WI		re Blau	ele Kren	y Ly	22. 1 HEREBY CERTIFY, Thet I ettended	
		1		1.00	January , 1940, 10 august 24	
	BIRTH (month, da	i journ	Low 14,	1871		; death is said
7. AGE	Years	Months	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, at 30. A.m.	AUGSEL
	74	2	10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trad	le, profession, or p kind of work dona,	articular es SPINNER.	. A: D			
	SAWYER, BOOKKEI Istry or businass ii	PER, etc	recorded		Gormany Occlusion	5 min.
9. Indu	work was done, as :	SILK MILL.				
10. Data	SAW MILL, BANK, deceased last wo this occupation (mo	rkad et	11. Total tin	t in this		
_ 1 1	yeer)	P . 1		pation	Other Cantributary Causes of importance	
	LACE (city or town)		Lon		Generalized aclew Scheiner	syn.
1	a or country)	Olii	<u> </u>			. 0
13. NAM	ME (U)	Krem				
14. BIRT	THPLACE (city or to	own)Q			Neme of operation Dete of	
ш ((State or country)	Har	many		What test confirmed diegnosis? Wes there en a	utopsy?
15. MAII	DEN NAME	eny 1	lever		23. If death wes due to external causes (VIOL ENCE) fill in also the following	•
15. MAII	THPLACE (city of to	was Rive	don		Accident, suicide, or homicide? Date of injury	19.
Σ	(State or country)	Ole	ù e		Where did injury occur?	
	ANT llen O. Iress) 9201	lier B	Krem	7-1	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
	OREMATION, OR	REMOVAL	we ru		Menner of Injury	
			Dete Augus	st. 25, 1946		
19. UNDERT	AKER Hars	yh. Sh	je,		Nature of injury	
(Add	ress) 1009=	TH- State	er, M.L	U.	If so, specify	
20. FILE	ngz4	1946 Ju	yhin m	Schaeffe	(Signed) WBW and for a (Address) 943 Bounfail A	M. D.
		If more	blanks are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1 Heling Of	my sup

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

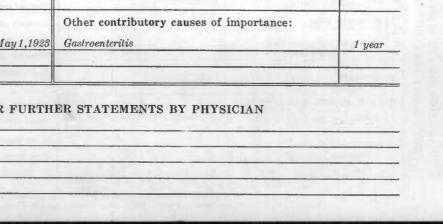
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

ADING INK. Supply every item of information carefully. The or Physicians: please write the causes of death clearly and legibly. County Montgorner How long in above place of death? Sivice 7-Hospital, institution, or street address where death How long in hospital or Institution? Si.M.C. 3. (a) FULL NAME IEXCDY 6.(a) Single, married, widowed, or divorced 5. Color or race 7. Birth dafe of BRUR deceased (mo., day, yr.) Months If less than one day 8. AGE: UNFADING INK. (Town, county, and state) porer 10. Usual occupation ... 11. Industry or business ZEAY WITH UNF important. 13. Birthplace 14. Malden na 15. Birthplace BEACH 14. Malden name. is especially PLEASE WRITE PLAINLY, Date thereof...Hug. 6 1946 17. Busial. (Burial, cremation, or removal. Which?) EMETER (Date rec'd by registrar)

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
	State VVILY 4 LAVA County MONTGOME	RIL
wn)	Dank (1)	~
	(If outside city or town limits, write RURAL and give nearest	town)
	Street No. R.R. #T	
	(If rural, give LOCATION)	
***************************************	. I st(-) it reterms associated	
	3. (b) Social Security Nun	-
	217-16-7	278
d	MEDICAL CERTIFICATION	15
	2D. DATE OF DEATH 8-3-	12 P.
16-	21. I CERTIFY that death occurred on the date above stated; that I attended decessed	
<u></u>	1046 to Clin 3	19 4 6
years		19
<u> </u>	Immediate cause of death	OURATION
	Johnson	
min.		1
	Due to Show Our	c Inne
	() \	
	Due to	
	Other conditions	
	(Include pregnancy within 3 months of death)	
\		
	Major fiadings of operations	, ,
nucht		**********************
, ,	PHYSICIAN: Please underline the cause to which death should be charged stati	stically.
19	22, VIOLENCE: If death was due to external causes, till in the following:	
946	Accident, suicide, or homicide	
RV		
2		tate)
	Injured at home, farm, Industry, public place (where?)	***************************************
يريد	Means of Injury	
1		ad
	23. SIGNATURE M. D. of S	her
Register	Address For Lungth Date signed	/ . /

correct age

1. PLACE OF DEATH:

MARGIN RESERVED FOR BINDING

VS A15 9-45-1



· State of the sta

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(18184

1. W Date signed 8 . 217/46

CERTIFICATE OF DEATH Reg. Dist. No. 2/6						
How long in above place of Hospital, institution, or st How long in hospital or in	y Chase saide city or town I death? 20 Ireet address where	(6 Quimits, write R Years death occurred	incy Street) URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Montgomery City or fown Chase (if outside city or town limits, write RURAL and give nearest town) Street No. 6 Quincey Street (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	JO	HANNA	MARGUERITE LOHSE	3. (b) Social Security Number		
4. Sex Female	5. Color or race White	6.(a)Single	s, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH AMAGENTAL 27 1975		
6.(b) Name of husband or 7. Birlh date of deceased (mo., day, yr.)			Single) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased the state of the state o		
8. AGE: Years	Months 2	Oays	If less than one day	The same of the sa		
9. Birthplace Liege, Belgium (Town, county, and state) 10. Usual occupation. Governess and Teacher 11. Industry or business 12. Name. Karl Lohse 13. Birthplace Aurbach, Saxonia, Germany				Due to. Mexico M. Due to. Mexi		
14. Malden name 15. Birthplace N			aucer ania, Germany	(Include pregnancy within 3 months of death) Major findings of operations		
Mrs.Marguerite N.Lohse Address 6 - Quincey Street, Chevy Chase, Md.				Antopsy results		
Buria (Burial, cremation, o	Fort Lin	coln C	august 30,1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director	Martin	w. H	mash.D.C.	23. SIGNATURE CONTROL M. D. or other		
(Date rec'd by regis	strar)	***************************************	Recetrar	Address Date signed S. A.		

VS A15

MARGIN RESERVED FOR BINDING



DEN, HEALT PROPERTY STREET, ST

A Secretarian a second second

A Mary County of the County of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15

2411 N. Charles St., Battimore 920

		1		1
		1	2	/

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (I) outside city or nown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
MEDICAL CERTIFICATION 20, DATE OF DEATH
21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
and that f last saw halive on
Due to Du
Other conditions
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE

RECEIVED

AUG 13 1946

BUREAU V 8.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

(18181) Reg. Dist. No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	State May Thended County M. O. L. Long T. Male May				
(If oddside city of dwales, with a total and give nearest town)	(If outside city or town limits, write BURAL and give nearest town)				
How long in above place of death?					
Il Da,	Street No				
How long In hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
T. Co.					
Female White Married	20. DATE OF DEATH 24 QUES 19 46 at 9:15 PM				
JNeor Edward Mccain	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
6.(b) Name of husband or wife	June 1946, 10 24 aug 1946				
T. Birth date of deceased (mo., day, yr.)					
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death College DURATION				
0	4 mous				
1893 53 0 20 hrs. min.					
9. Birthplace Kittanning Pa,	arcurana O/ Nowach 6 mous				
10. Usual occupation House Wife					
	Due to				
11. Industry or business					
置 12. Name	Dther conditions				
Z 13. Birthplace Pa,					
# 14. Maiden name Bertha Surkeski	(Include pregnancy within 8 months of death)				
Bertha Surkeski Pa. 14. Maiden name Bertha Pa.	Major findings of operations. As a land				
15. Birthplace	Bate of op. June 46				
16. Informant Joseph Nealer	Autopsy results				
Address Gaithersburg. Md,					
11. Burial Date thereof 8/27/46 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following;				
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Kittanning Cemetery	Where did injury occur?				
Kittanning Pa,					
Location	injured at home, farm, industry, public place (where?)				
18. Funeral director Ernest C Gartner	Maens of injury Injured at work?				
Address Gaithershurg. Md.	Monuney Mis				
C 1 3H 1/ (P) : 1 (P)	23. SIGNATURE M. D. or other				
19. (Date recol by registrar) 19.46 (Ulruda) If Courte Registrar	Address Rochwelle hed Date signed 4 dug 46				



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

CERTIFICATE OF DEATH

Reg. Diat. No. 223

City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town. (If outside city or town limits, write RURAL and give nearest towo) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Nellie W. Mches	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 19.55 19.55 19.55 M 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
8.(b) Name of husband or wife	and that I last taw h alive as to 19
8. AGE: Years Months Days It less than one day 6 4 // / Dhrsmin. 9. Birthplace What Lang Lang De	Colonary occhision Child
9. Birthplace	Oue to.
12. Name Chan & Green 13. Birthplace Manylund	Other conditions
14. Maiden name. Sarah celebritar 15. Birthplace Manyland	Major findings of operations
Address (A) O Carrol Cur. Dahara Pt	Autopsy results
17. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
18. Funeral director S. January Co. Address 2901 14th St. Thall X 1	Means of Injury Injured at work? Isank J. Brosetart M.
19. Parign 16.19.46 AMM Parigna	23. SIGNATURE M. D. or other Address Alexander Park Bate signed M. D. or other



08188

CERTIFICATE OF DEATH

Reg. Diat. No. 216

V	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgornery	State WAYHAMA County St. Managan
City or town	
How long In above place of death? SINCE 5-25-1946	City or town. (If outside city or town limits, write RURAL and give usarest town)
Hospital, Institution, or street address where death occurred: 51610000000000000000000000000000000000	Street No. 46 Coval Place
	(If rural, give LOCATION)
How long in hospital or institution? Singe 5-25-46 327 Nesday 3. (a) FULL NAME	
J. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Cofor or race 6.(a)Single, Imarried, midward, or diseased	MEDICAL CERTIFICATION
F White	20. DATE OF DEATH. 8-14-46 19
B.(b) Name of husband or wife I Meadore Mickee	21. I CERTIFY that death occurred on the date above stated; that t attended daceaged from
	and that West saw h. P. T. alive on august 14 18 4 4
7. Birth date of deceased (mo., day, yr.) Van Jar H 13,1909	Immediato cause of death J. M. V. C. J. L. C. C. DURATION
8. AGE: Years Months Bays If less than one day	Carcino ma 4 0515 12 month
3.7 7 1min.	Empyena
	Que to Carrinoma of ovary
9. Birthplace Mash Ville, lenn, (Town, county, and atate)	
10. Usual occupation Housewife+	Due to
11, Industry or business	
12. Name Phillip Farrell 2 13. Birthplace Mashville Tenn.	Other conditions DUM.L.
	(Include pregnancy within 8 months of death)
14. Maiden name MAYY WILKIE 15. Birthplace MC Cellen, Tenm.	Major fiedings of operations Generalized Carrin nounce
15. Birthplace MC Cellen Tenm.	Emply Em a Date of op 7/32/1746
16 Informant Theodore me Kee.	Autoper result Generalized Carcinoma + 0815
Address Lesing ton mel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Department	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) Bate thereof. (morph) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Fast Lencoln Cemelling	Where did Injury occur?
Location 320 1- Bladensburg Rel Mel J	Injured at home, farm, industry, public place (where?)
211. 1. M - Plant	Means of Injury Injured at work?
18. Funeral director. COM.	1. 0 2 2 At 200
Address 3200 - R. J. ave. omt. Kainer m	23. SIGNATURE OSarbara Macelson Ma
19. 8/14 1846 /m 6 Johns	See See Capital Bots street 8 24 76

Octherdo Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H)MARGIN RESERVED FOR BINDING

VS A15

RECEIVED AUG 16 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

re	(107)

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

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ų		1		1 1	

(If outside city or town limits, write RURAL and give nearest town) 1312 Livingston Rd.SE, Wash., D.C. (If rural, give LOCATION) World War I.

Rea	Dist.	No	3

CERTIFICATE OF DEATH

How long in above place of Hospital. Institution, or st U.S. NAVAL.	lery sda (Rur side city or town li death? 1 MC treet address where HOSPITAL	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo State			
3. (a) FULL NAME		, ,			
MC KEEV	ER Willi	am (n	VAP le, married, widowed, or divorced	11	WEDION CEL
	w-us		arried		MEDICAL CER 20. DATE DF DEATH
	20.20		AcKeever		21. I CERTIFY that death occurred on the date above Ougust 12 and that I last saw h
8. AGE: Years	Months	Days	If less than one day		Broncho . prem
51	8	27	hrs.	min.	P ₂
10. Usual occupation 11. Industry or business 12. Name	Veteran	***************************************	atate)	.,	Due to
	Annie Bry Virginia	ant			Major findings ol operations
18, Informant MCS.			E,Wash.,D.C.		Autopay results
tIBurial (Burial, cremation, c Cemetery or crematory Location	Arlington, W. W. C	Nation Nation	reof Quf. 20, / (mogh) (day) (y mal		22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide
19(Date rec'd by regis	19strar)	•••	12m y	Registrar	23. SIGNATURE

	3. (b) Social Security	Number
MEDICAL CE 20. DATE DF DEATH	ERTIFICATION	at 1518
21. I CERTIFY that death occurred on the date above the second of the date above the second of the date above the second of the	ve stated: that I attended decea	150 19 46
Immedian cause of death price of the price o		DURATION undet.
Due to		
Due to	matris autub	70 yrs
(Include pregnancy within 8 m	nonths of death)	J
Autopsy results. Bun des pur PHYSICIAN: Please underline the cause to wh		
22. VIOLENCE: If death was due to external cause	ses, till in the tollowing;	
Accident, suicide, or homicide	Date of	
Whers did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (wh	ere?)	
Msans of Injury	injured at work?	
Thomas	n. Jas i	us.

death clearly and

oly every item of write the causes

ADING INK. Supply Physicians: please wr

important.

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PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-07

2 HOURS DECIDENCE (LICARGE) OF DECEASED.

CERTIFICATE OF DEATH

1. Place of Death: Montgomery	(For newborn infants give residence of mother)
COUNTY	state Maryland County Montgomery
City or town Be the sda, Marvland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? I Month	City or town Bethesda, Mary land (If outside city nr town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4808 Battery Lane,
4808 Battery Lane	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary E.	Mitchell 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Marrigd	20. DATE DE DEATH Quy 39 19 % at 8'15 A M
6.(b) Name of husband or wife Herbert F. Mitchell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jep med gaie case
7. Birth date of deceased (mo., day, yr.) Marchs 19-1905	and that I lept saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
o. Aug.	
	Certal funntage 2 hr.
9. Birthplace Cul Peppey Cu. Va.	Due to
(Nowh, county, and state)	
10. Usual occupation Clerk- Parkside Drug Store	Due to
11. Industry or business Drug Store	
E 12. Name Geo. Easthan	Dither conditions Supplished 1 4.
12. Name. Geo. Easthan 3. Birthplace Culpepper Co Va.	(Include pregnancy within 3 months of desth)
# 14. Maiden name Jehnie Rixex	
	Major fiadings of operations.
\$ 15. Birthplace Cu Pepper Co. Va.	Date of op.
18. Intermant Mr. Joseph S. Pigford	Antopsy results
Address 4808 Battery Lane, Bethesda, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremstion, nr removal, Which?) Date thereot (Month) (das) (year)	Accident, suicide, or homicide
Cemetery or crematory Fair View, Culpepper, Va.	Where did injury occur?
Location 5 ane	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ma W. Chambers Co.	Means of injury Injured at work?
	Frank J. Browhart
Address Wooh ingtor D. C.	23. SIGNATURE M. D. nr nther
19. 8/2-9 19 46 7/m & Soles Registers	11 14 17 0
(Date roofd by registrar)	Address Justhering me Date signed 8-29-XL



MARYLAND STATE DEPARTMENT OF HEALTH

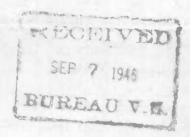
2411 N. Charles St., Baltimore 88-2

08191

CERTIFICATE OF DEATH

* Rog. Diat. No. 216

1. PLACE OF DEATH: county Montgomery Bethesda (rural) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Six days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? Six days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME NAEFE, Paul Richard	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH 29 August 1946 at 4:34 A
8.(b) Name of husband or wite Mrs. Bessie Naefe 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) April 11, 1896	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. August 19. 146 to 29. August 19. 146. and that I last aaw h imalive on 29. August 19. 146. Immediair cause of death Cerebral (Vernorth) DURATION
8. AGE: Years Months Days If less than one day 50 14 1.8 hrs. min.	1 Bandan Cluse of death 9 days
9. 6irthplace	Bue to Adypertension ? year
12. Name A House Germany (dec)	Uther conditions
14. Maiden name Rosa Michler 15. Sirthplace Switzerland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Wife: Mrs. Bessie Naefe	Autopsy results. Checked hereal per partial per
Address 6010 20th Street, N. Arlington, Va. 17. burial (Burial cremation, or removal Which?) Cemetery or crematory. Arlington National	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Arlington, Va.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. W. W. CHAMBERS (3) Address 14:00 Chapin St., N. W. Wash., D. C. 19. 8-29- 46 Mary Charlotte Smith	Msans of Injury Injured at work? Lt. Comdr. (MC) USNR W. D. or other USNH Bethesda, Md. Bath streed 8-29-46



MARGIN RESERVED FOR

he correct age

information carefully. In of death clearly and leght

the causes

ADING INK. Supply eve Physicians: please write

important.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

08192

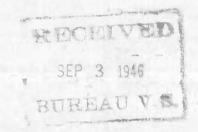
46 at 11:25A M

Date signed.....

Reg. Dist. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Montgomery					Ed.		G -1
City or town. Bethesda (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month 5 days Hospital, Institution, or street address where death occurred: U.S. Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month 5 days			City or town Hale thorpe, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 1113 Wash. Blvd, Hale thorpe Md. (If rural, give LOCATION) World War II				
3. (a) FULL NAM					3 (b)	Social Security Number	
			- IION			3. (0)	Social Security Number
4. Sex	5. Color or race	6.(a)Single	. married, widowed, or divorced	1	MEDIC	CAL CERTIF	ICATION
Male	W-US	Sin	ngle	2D, DATE DF DEATH			19 46 21 11
7. Birth date of	or wife Mother) It alive, give age	21. I CERTIFY that d 15 c	death occurred on the July image in all all the on	ne date above stated: 19 46 to 20 Augu	that I attended deceased from 20 Aug. 1	
8. AGE: Year	s Months	Days	If less than one day	Immediais cause of		rousen	inclemic in
11. Industry or busines	U.S. Nav	<u>Y</u>	tate)	Due to			
14. Malden name	Freber To Maryland	•		Major findings of o	perations.	NX	Date of op.
Address 4113 Washington Blvd., Halethorpe, Md. Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Meadowridge, Dorsey, Maryland.				22. VIOLENCE: If Accident, suicide, or	death was due to e	xternal causes, fill in	should be charged statistically the following: Date ot
Location	orsey, Md. W.W. Chambe Chapin St.,	N.W.	Washington, D.C.		m, Industry, public	place (where?)	Indired at work?
August 20, 1946 Mary Charlotte Smith (Date rec'd by registrar) Registrar					Bethesda	. Md.	Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

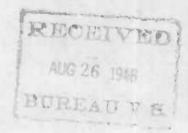
2411 N. Charles St., Baltimore %

CERTIFICATE OF DEATH

	ROT	10			
M			7	7.	2
1	Reg. Diat.	No			

00102

1. PLACE OF DEATH: County Montgome Ry	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Distared County
(If outside city or town limits, write RURAL and give nearest town)	City or town U.S. h.: ngle n (17 outside city for town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city for town limits, write RURAL and give nearest town) Street No. 218 U.ST. N. L.
Washington Sanitarium + Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution? 13 do 45	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Florence E Neely	
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Firmale white widow	20. DATE OF DEATH Angust 22 19 46 at 11:590
6.(6) Name of husband or wife HARRY M. Neely - deceased	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Dugnet 21 19.46 10 August 22 1846
7. Birth date of deceased (mo., day, yr.) December 25, 1892	and that I last saw h. d.k. alive on August 32 18 4 h.
8. AGE: Years Months Days If less than one day	Immediate cause of death Marthand Market BURATION DURATION DURATION DURATION DURATION
53 8 28hrsmin.	avers
9. Birthplace Weshing on D.C. (Town, county, and state)	Due to Cerebral arterios de costa
10. Usual occupation Bookie PLR	Due to
11. Industry or business	
12. Name Vernon Sm: Th	Diher conditions
\$ 13. Birthplace Washington D.C.	(Include pregnancy within 3 months of death)
14. Maiden name Nettie CORTER 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace	Date of op.
16. Informant Sanitarium Records	Autopay results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VtOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof. My 23 19 22 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Numbermann Funeral Home	Meens of Injury Injured at work?
1	11-1. 1 1 , 2 2
Address 5732 Sevrenos due	23. SIGNATURE Casalios S. Lambros M. D. or other
(Date rec'd by registrar)	Address 1029 - Vermont An, M.S. Date signed 8.23.46



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /4/-0

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			2,	,/
ea.	Dist.	No.	1	9

CERTIFICATE OF DEATH

How long in above place Hospital, Institution, or Suburban How long in hospital or	hesda, Mutside eity or town li of death? 15 streel address where i Hospita	lary la mits, write R nMinu death occurred	nd URAL and give nearest town) tes	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of state Maryland (if outside city or town lime street No. 4810 Battery (If rural, give 2.(a) If veteran, name war No.	county Montgomery aryland its, write RURAL and give nea La, ve LOCATION)	rest town)
3. (a) FULL NAME		LINDA	JEAN NEILSON		3. (b) Social Security . None	Number
4. Sex Female	5. Color or race White		ingle		CERTIFICATION Lugus 1 46	1155 pm
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date a	8 46, 10 11 55 pm	
8. AGE: Years	Months	Days	1t less than one day hrs. 1.5 min.	failure Asqui	afory	
9. Birthplace. Bethesda, Maryland (Town, county, and state) 10. Usual occupation. None 11. Industry or business 12. Name. Robert Carlisle Neilson 13. Birthplace Washington, D. C.				Oue to	atelectasis.	
13. Birthplace Washington, D. C. 14. Malden name Jennie Elizabeth Stine 15. Birthplace Penn.				(Include pregnancy within	Oate of op	
16. Informant Robert C. Neilson Address 4810 Battery Lane, Bethesda, Mo					which death should be charged	*******************
Burial Dale thereof 8/17/46 (Burial, cremation, or removal, Which?) Cemetery or crematory Congressional Cemetery				22. VIOLENCE: It death was due to external c Accident, suicide, or homicide	Date of	
18. Funeral director. Washington, D. C. 18. Funeral director. Washington, D. C. Address Bethesda, Maryland				Injured at home, farm, Industry, public place Means of Injury	Injured at work?	S M.D
19. 8/17 1946 Am E Johnson Rastrar				Address 3130 Wisc. Col	M. D. Bate signed	0-17-11



Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED: (if outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death)

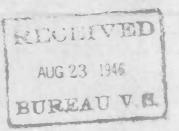
PHYSICIAN: Please underline the caose to which death should he charged statistically.

(County)

injured at work?

(Date rec'd

by registrar)



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5	1. PLACE OF DEA	
hely	County Montgo	
eg .	City or town Beth	esd
d V	(If or	atside c
a fi	How long in above place	
rly	Hospital, Institution, or	
on cal	U.S. NAVAL	
ior	How long in hospital or	
ath	3. (a) FULL NAME	100
orr	PATTO	M_
inf	4. Sex	5. Cole
of ises	Male	Ne
every item of information ite the causes of death c	6.(b) Name of husband	or wite
ver e t	7. Birth date of	• • • • • • • • • • • • • • • • • • • •
ly eve	deceased (mo., day, yr	.)
	8. AGE: Years	h
Supply ease wr	48 49	
TK.	9. Birthplace Pa.	
IN		Can
ic.	1D. Usual occupation	
ADING	11. Industry or business	
PP	質 12. Name	loah
P. N.F.		a.
り豆葉	2	
ノ田の	里 14. Maiden name	
LIA.	15. Birthplace	Pa.
r, v	16. Informant Lines	B
g. H	Address 242]	lith
AIL		
PL. s es	17Burial (Burial, cremation,	or rem
E	Cemetery or cremator	y. Ar
RIT	LocationArli	ngt
<u></u>	1B. Funeral director	HAL
AAS	Address 621 F	_
E	7	
PI	19. (Date rec'd by reg	ristrar)

decased is shown on	PARTMENT OF HEALTH Se St., Baltimore Reg. Dist. No. 216
1. PLACE OF DEATH: County Montgomery City or town Bethesda (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 day Hospital, institution, or street address where death occurred: U.S. NAVAL HOSPITAL, BETHESDA, MD. How long in hospital or institution? 1 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME PATTON, Alfred Jackson VAP 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male Negro Married	3. (b) Social Security Number MEDICAL CERTIFICATION August 20, 46 21 46 21
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from / 9 Aug 19 to 20 Aug 19 46 and that I last saw h. e.m. alive on 20 aug 19 46 Immediate cause of death DURATION Laurinous Stourch Woo Due to John additions Diher conditions (Include pregnancy within 3 months of death)
14. Maiden name. Isabelle Martin 15. Birthplace Pa. 16. Informant Mrs. Bernice Patton Address 21½ 1 Lith St., SE., Wash., D.C. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Location Arlington, Virginia. 18. Funeral director. HALL Bros. Address 621 Florida Avenue, NW., Wash., 1, D.C. 19. (Date rec'd by registrar) Registrar	Major findings of operations Date of op. Autopsy results



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5529

08197

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: County Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State Maryland County Montgomery City or town Bethesda	
Hospital institution, or atreet address where death occurred: 4601 West Virginia Ave.,	Street No. (If routside city or town limits, write RURAL and give nearest town) (If routside city or town limits, write RURAL and give nearest town) (If routside city or town limits, write RURAL and give nearest town)	
How long in hospital or institution? None	2.(a) if veteran, name war None	
3. (a) FULL NAME	3. (b) Social Security Number	
HENRIETTA PAULINE POST	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH August 20, 19 46 ,26:15P.	
8.(b) Name of husband VXXX George Warren Post 6.(c) If alive, give age 68 years 7. Birth date of deceased (mo., day, yr.) November 4, 1879	21. I CERTIFY that death occurred on the date above atated: that I attended deceased from January 21. 19 46. and that I last saw h. C.K. also on Organized 20. 74. 19 46.	
deceased (mo., day, yr.) NOVEMBER 4, 18/9 8. AGE: Yeara Months Days If less than one day	Immediair cause of death Respiration DURATION	
66 66 9 16min.	failet.	
9. BirthplaceIuka, Illa. (Town, county, and atate) 10. Usual occupation Housewife	Due to Cources of the	
11. Industry or business Home		
E 12. Name John Frederick Weber 13. Birthplace St. Louis, Mo.	Dither conditiona	
Z 13. Birthplace St. Louis, Mo.	(Include pregnancy within 8 months of death)	
14. Malden name Margaret Hatmaker	Major findings of operations.	
2 15. Birthplace St. Louis, Mo.	Date of op.	
14. Malden name Margaret Hatmaker 15. Birthplace St. Louis, Mo. 16. Informant Mrs. Clarac Clatterbuck (daught Address Bethesda, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burial Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following:	
Cemetery or crematory Ft. Lincoln Cemetery	Where did injury occur?	
Location Washington, D.C.	injured at home, farm, industry, public place (where?)	
18. Funeral director. Non Rouben Pumphney	Meana of Injury Injured at work?	
Address Bethesda 14, Maryland	22 SIGNATURE. Frank Jaggers I. In D.	
19. 8/21 1846 7m & Johns Rober	8016 Old Georgetown Ad., M. D. or other Address Bethesda 14, Md. Date signed 8/21/46	

AUG 23 1946
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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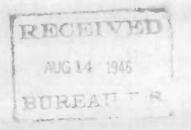
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	FOF	DEATH
CERTIFICAT.	E OF	DEATH

08198 Reg. Dist. No. 2/8

1. PLACE OF DEATH: Montg Co, County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many Laufa County Many Laufa	
#11#Y?O	City or town Alas Annual The	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town	
Hospital, Institution, or etreet address where death occurred:	Street No.	
	(If rnral, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
	2.(u) is reteral, flame wal	
3. (a) FULL NAME	3. (b) Social Security Number	
Alice Mary Rabbitt		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
	MEDICAL CERTIFICATION	
Female White Widow		
477	20. DATE OF DEATH Comp 12 19 46 21 1:00 A 1	
6.(b) Name of husband or wife Albert F Rabbitt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
O. (V) Tame VI Nabour VI WILLIAM IN THE CONTROL OF	July 28 19.46, 10 ang 12 19.46	
7. 6irth date of		
	and that I last saw here alive on and the control of the control o	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	
1857 88 10 29hrsmin.	Cerebral purantinge 20 lan	
9. Sirthplace. Maryland (Town county and state)		
9. Sirthplace	Oue to	
(xown, councy, and seate)		
1D. Usual occupation	Due to	
11. Industry or business	Due to	
12. Name Charles Bready	Other conditions	
₹ 13. 8irtholace		
Mary Jane Beall	(Include pregnancy within 3 months of death)	
14. Malden name		
Mary Jane Beall 14. Maiden name Md 15. Sirthplace	Major findings of operations	
= 1 13. Orthplace	Date of op.	
16. Informant Miss Mary Rabbitt	Antopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Washington Grove, Md,		
Burial 8/14/46	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Oate thereof. (month) (day) (year)	Accident, suicide, or homicide	
	Where did Injury occur?	
Cemetery or crematory Forest Oak Cometery	Where did injury occur?	
Gaithersburg Md.	Injured at home, farm, industry, public place (where?)	
Location Ernest C Gartner		
18. Funeral director.	Meens of Injury Injured at work?	
18. Funeral director. Gaithersburg Mil,	0 10	
Address	23 SIGNATURE Trank & Broschart M. U.	
19 arg 12 19 46 Clouds & Cake (Date rogid by registrar) Registrar	23. SIGNATURE M. D. or other	
(Date redd by registrar) (Date redd by registrar) Registrar	Triple 1 m. D. J. 2.11	
(Date redu by registrar) Registrar	Address Janhaly Md Date signed 8-12-46	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-a

CERTIFICATE OF DEATH

(1819) Rog. Dist. No. 212

County Co	(For newborn infants give residence of mother) Stale County 10 77
How long in above place of death? # 175	City or town (1f outside city or town limits, write BORAL and give nearest town)
Hospital, institution, or streel address where death occurred:	Street No
How long in hospital or instilution?	2.(a) If veteran, name war
redora L. I DIMITAS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or all vorced	MEDICAL CERTIFICATION
F W Married	20. DATE OF DEATH + 12543 - 8 19 46 at 4 - 5 M
8.(b) Name of husband or wife 10 Lert 5 Tow 1705 6.(c) If alive, give age 5 to years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 000 - 24 - 878	Immediate cause of death
8. AGE: Years Months Days If less than one day 10 14	CARCINONA DE UTERNS (CERVIX) 9 MONILS
Dulith - Minn	Due to.
(Town, county, and state)	
10, Usual occupation House WIFE	Due to
11. Industry or business 12. Name SITTOT DECCETY	Pther conditions.
13. Birthplace Mich	
1	(Include pregnancy within 3 months of death) Major findings of operations. CARCINICAL 4 OF CERVIV WILL
14. Maiden name Bessie Call 15. Birthplace Wisc.	Extrusian To Pelvis Date of op. FeB , 946
16. Informant Batert E Rawlings	Autopsy results
Address 500/18 VII/e, Mg	22. VIOLENCE: If doath was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or erematory MD 770 @ 2CY	Where did injury occur?
Location/Beal/SVI/Le Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director WI 1/10 Th B H1/10Th	Meens of injury Injured at work?
Address BOTTIESVILLE, Md	23 SIGNATURE / SUPER K. JOHN
19. aug 10 19.46 Mrs. C.C. Wilton Que Mrs. w. B. Spistrar	D I I I A M. D. or other



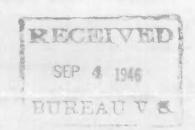
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

(182111) Reg. Dist. No. 214

1. PLACE OF DEATH: Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Puntonoville				State Maryland county Montgomery	
(II Official City of fown number, white recrease and five neglect town)			URAL and give nearest town)	Puntonaville	
How long in above place	of death? 7 ye	ars		(If outside city or town limits, write KUKAL and give nes	rest town)
Hospital, institution, or	sireet address where d	eath occurred	le, Laurel RFD	Mircet No. Soper RD, Burtonsville, Lau	rel
Sober Ro	., Burto	IISVII	ie, Laurei KrD	(if rural, give LOCATION) RFD #	2
How long In hospital or		<u>e</u>		2.100 IT veteran, name war.	
3. (a) FULL NAME			6	3. (b) Social Security	Number
	FAN		SYDONIA /	Uckells None	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH. 8 31 19.46	,al /2 an
a (2) None of bush and	y S. J	ackso	n Ricketts	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
	(hans			/ 0 198 5 to 8 3	1966
7. Birth date of			r) If alive, give ageyears	and that I last saw h. L.Aalive on	196
deceased (mo., day, y				Immediate cause of death alul Couline	DURATION
8. AGE: Years		Days	If less than one day	Di tiletia	1 day
81 81	. 0	18	hrs min.	A	
a Righalaca Gle	n, Montg	omery	Co., Md.	Que to / Vinestinein	3 41
J. Diringiado	(Town, e	ounty, and s	tate)	Chy Cochorenal	
10. Usual occupation	nousewil	<u> </u>		Que to Que e	3-5
11. Industry or business				Surlit	
₩ J8	mes W. S	elby		Other conditions	
12. Name James W. Selby 13. Birthplace Montgomery Co., Maryland			, Maryland	other something	
	Katherin	a Mil	len	(Include pregnancy within 8 months of death)	
E 14. Maiden name	Trabitor Tit	O - 1/11 T	26	Major findings of operations	
15. Birthplace IVIC	ontgomery	00.,	Maryland	Date of op	
16. Informant Jan	nes W. Ri	ckett	ler Maryland s (son)	Antopsy results	
Address Burtonsville, Maryland				PHYSICIAN: Please underline the cause to which death should be charged	statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial Date thereof 9/2/46 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	
Cemetery of Company Rockville Union Cemetery			ion Cemetery	Where did Injury occur?(City or town) (County)	(State)
Location Rockville Maryland			and	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Live Tributh Parallel			The distribution of the State o	Meens of Injury Injured at work?	
Address Rockville, Maryland			nd of	B Mby	
			11: Ja black	23. SIGNATURE M. D.	or other
19. sept 7 19. 16 Justin 1/2 Parti			The state of the s	Home AIIMS Well Bata signed	83146



gorrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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OCCUIT

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mintgamery	(For newborn infanta give residence of mother)
City or town Sethes A Md (If outside city or town limits, write RURAL and give nearest town)	State Mary and county Montgamery
n n	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Suburban Hospital	Street No. 1540 Live Oak Trive (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Russell William E	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH Chaquest 12 1946 318:201
8.(6) Hame of husband or wife Ella M. Russell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug. 5 1046, 10 /4ug. 12 1046
7. Birth date of 6. Co If alive, give ageyears	and that I last saw h / Malive on Que ! 12 1 1946
deceased (mo., day, yr.) March 8-1886	Immediato cause of death
8. AGE: Years Months Days If less than one day	Condiac tacture 24 hr
60 5 4min.	
8. Birthplace Washington, Trist. of Columbia	Due to Lobar Preumona
(Jown, county, and state)	rt lung 3day
10. Usual occupation	Due to Chronic Glomerula
11. Industry or business	- delenites
12. Name Jo tan Russell	Ma 10 0 to land
	Other conditions Alded tuberculous 30 yrs
13. Birthplace Jash	(Include pregnancy within 8 months of death)
14. Maiden name 2 to have the	
15. Birthplace	Major findings of operations MO applications
13. Orinplace	Dale of op.
16. Informant Daniel U. Joseph	Actopsy results obar precumonia lifer forwer relung. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 201 Schuder St Hack	
17 Burial Date thereof 8/65/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemelery or crematory. Call Mell Call	Where did injury occur?
md	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Jacob A Jawan Jon	Meens of Injury Injured at work?
Address / 7.56 Pa. Aug. M.M. Wash. D.C.	4.6(2.6h)
Olice The Form	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) [Registrar] [Registrar]	YOUX DA. (LINE)
(Date rec'd by registrar) Registrar	Address Quate signer 13/46

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PLEASE

2411 N. Charle	es St., Baltimore (%)	
CERTIFICAT	E OF DEATH Reg. Diat. No. 216	
1. PLACE OF DEATH: County Mortgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	City or town. Washington, D.C. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 mo. 9 days	Street No2924CarltonAve.NEWashD.C. (If rural, give LOCATION) 2.(a) If veteran, name warRetiredNavalOfficer	
3. (a) FULL NAME	3. (b) Social Security Number	
SABETSTROM Gustave (n). Lt. USN Ret. Ir	nact	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male W-US Married	MEDICAL CERTIFICATION 20. DATE OF DEATH	
8. AGE: Yeare Monihs Bays If less than one day Monihs Mo	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 3 Juney 19.46 to 12 August 19.46 and that I last saw handlalive on 12 August 19.46. Immediate cause of death DURATION Congestial heart failure 2 months	
9. Birthplace Sweden 1D. Usual occupation Retired 11. Industry or business 12. Name Hans Sablestrom 13. Birthplace Sweden 14. Maiden name Emma Jeppson	Due to Valundar Heart Justase 3 mm/mo. - Actic Insufficiency Due to Other conditions (Include pregnancy within 3 months of death) Major findings of operations	
16. Informant (Wife Mrs. Mathilda Sabelstron Address 2924 Carlton Ave., NE, Wash., D.C.	Autopsy results	
17. Allial Date thereof Aug. 4, 19. 460 (gonth) (day) (year) Cemetery or commentary Arlington Mation wall like	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director W. Chambers Cs. Address 1400 Chapin St. N.W. Washington C	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work? 23. SIGNATURE Description 1. D. orother	
19. (Date rec'd by registrar) 19. Marcy C. Ameth	Address USNH, NNMC, Beth. Mcl. Date signed 12 Aug. 1946	

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1400 Chapin StiniW, Wash., D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

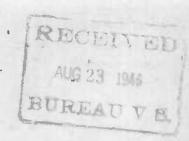
2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

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Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County (1) pat gameria			
City or town (If outside city or town limits, write RURAL and give nearest town)	Stale D.C. County		
How long in above place of death? 15 daces	City or town (1f outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 4602 Munson Avenue		
Cashington Sanitarium and Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 15 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
3. (a) FULL NAME. Mrs. Sue Shelton A Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced			
11 001	MEDICAL CERTIFICATION		
7 Wh Widowed	20. DATE OF DEATH. # 19 20 19 46 21 9 5 A.M.		
m	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife Mr. Jack Shelton (decreased)	July 29 1946 10 8 - 20 - 1946		
7. Birth date of	and that Cast saw In Lalive on 3-19-19-		
deceased (mo., day, yr.) Sept. 28, 1893	Imprediate cause of death Oerely al DURATION		
8. AGE: Years Months Days It less than one day	henorhaal & surant One of		
52 10 23hrsmin.	It fronto-habital, Helinipleasa l. my		
a mother Desotor Ottio	Resection right Golope one 2nd		
9. Birliplace Day ton OHio (Town, county, and atate)	ta carcinoma of cecum		
10. Usual occupation Dovernest Clerk	butty hertersion & moderate		
11. Industry or business	arter (Sclerosis, cerebral, coronary, aosta.		
12. Name Chester Linden Balland 13. Birthplace Indiana	Other conditions Chronic hassive Congestion		
13. Birthplace Indiana	with edema of redneys & thungs.		
14. Maiden name Ida Mary Mussetter 15. Birthplace Otto	(Include pregnapsy within 3 months of death) Major findings of operations are in orma Occum		
15. Birthplace OHio	+ 100 - Cecal Muchon Bale of to 8-12-46		
16. Informant Washing ton Sanitarium Records	Autopsy results as froled above		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Ja Koma Park	22. VIQLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or remoyal. Which?) Date thereof (mogrin) (day) (year)	Accident, sulcide, or homicide		
Cemelery or crematory Cedan Will Comeley	Where did Injury occur? (City or town) (Geanty) (State)		
Location Prince George's Co., M.S.	Injured at home, farm, industry, public place (where?)		
18. Funeral director. S. H. A inco Co	Means of Injury Injured at work?		
Address 2901-14 & ST. N.W.	1 Calvan Ma		
a data Nala	23 SIGNATURE M. D. or other		
19. (Date roc'd by registrar) 19.46 Thomas Now! Registrar	hoters 4 / Ju live. Julie of Jungale signed 8-20-46		
	mao		



CHARLES AV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-R

7 445 (18204 Reg. Diat. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced,	MEDICAL CERTIFICATION
male white married	2D. DATE OF DEATH. Quy 124, 1946, 21 10 P. N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from J. O
7. Birth date of deceased (mo., day, yr.) Sept - 9, 1912.	and that I last saw h alive on
8. AGE: Years Months Days If less than one day 33 15 hrs. min. 9. Birthplace Pattalutalum Pa- Toyon, county, and state)	Immediate cause of death DURATION Colycyptic Kidwelfo Lifetime Due to.
10. Usual occupationClls.	Dua to
11. Industry or business 12. Name Claseuch Singer 13. Birthplace Pittsburge Pa, 14. Maiden name Bessie Edison 15. Birthplace ? Virannia,	Dither conditions
16. Informant Land	Antopsy results
Address 200-10 Date thereof. On A Date (month) (day) (year)	22. VIOLENCE; If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Address 3 -	Means of Injury lojured at work?
19. 2/25 1946 Phr. Electron Registrar	23. SIGNATURE Satteanine M. Chapman Who 20 west Baltimore St. M. D. or other Address Assistant San Date signed 8 25/46



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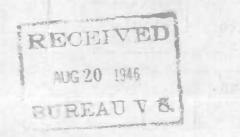
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1/2)

08205	
Reg. Dist. No. 7/9	

CERTIFICATE OF DEATH

Sirvet No. SCOD Hawley Road Sold Hawley Road S	1. PLACE OF DEATH: Nontgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	
3. (a) FULL NAME MARY JOAN SLATER 3. (b) Social Security Number 212-24-2558 MEDICAL CERTIFICATION 28. (c) Name of husband or wife	A	(If rural, give LOCATION)	
A. Set S. Color of race S. (a) Single, married, widowed, or divorced female white Single S. (b) Rame of husband or wife. A. S. (c) It alive, give age. Fair individual of deceased (mo., day, rt.) Jan., 2nd., 1929 S. AGE: Neure Months Days If less than one day 1.7 7 9 hrs. min. 9. Birthplace. Washington, D. C. (Town, county, and state) 10. Usual occupation. M. D. N. C. (Town, county, and state) 11. industry or business 12. Name. George A. Slater Address 8605 Hawley Rd. Silver Spring. 16. Informant. M.R.S. George A. Slater Address 8605 Hawley Rd. Silver Spring. 16. Emerel director. M. A. O. Livet. (month) (day) (year) Location. M. Shington, D. C. (County) (State) 18. Funeral director. M. A. O. Livet. (month) (day) (year) Location. M. Shington, D. C. (City or town) (County) (State) 19. Funeral director. M. A. O. Livet. (month) (day) (year) Location. M. Shington, D. C. (City or town) (County) (State) 19. Funeral director. M. A. O. Livet. (month) (day) (year) Industry Spring, Md. (2) SINMATIEF.		2.(a) If veteran, name war	
female white single 6.6) Name of husband or wife. X. 7. Sinch bale of deceased (mo. day, yr.) Jan. 2nd. 1929 8. AGE: tear Months Days If less than one day hrs. 9. Birthplace. Washington, D. C. 10. Usual occupation. Thom. 11. Industry or business 12. Name. George A. Slater 13. Birthplace vashington, D. C. 15. Informant. Mr.S. George A. Slater 16. Informant. Mr.S. George A. Slater 17. Burial (month) (day) (year) Cemetery or crematery. Mt. D. Olivet. 18. Funeral director. Machington, D. C. 18. Funeral director. Machington, M. C. 18. Funeral director. Spring, Md.			
6.(b) Name of husband or wife X 7. Sirth falte of deceased (mo. day, yr.) Jan. 2nd. 1929 8. AGE: tears Months Days If less than one day 17 7 9 hrs. min. 9. Sirthplace Washington, D. C. (Town. cousty, and state) 10. Usual occupation	4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
S. AGE: T. Birth date of eccased (im., day, yr.) S. AGE: T. Vears Months Days If less than one day To To To To To To To T	female white single		
T. Birth dale of deceased (no., day, yr.) Jan. 2nd. 1929 If iess than one day 18,466. 1929 17 1929 18 1929 192	6.(b) Name of husband or wifeX		
Second content of the content of t			
S. AGE: Years Months Days If less than one day 17 7 9 hrs. min.	7. Birth dale of day wr) Jan 2nd 1929		
10. Usual occupation. 11. Industry or business 12. Name. George A. Slater 13. Birthplace "Nashington, D. C. 14. Maiden name. Margaret Glenn 15. Birthplace Staunton, Va. 16. Informant. Mrs. George A. Slater Address 8605 Hawley Rd. Silver Spring. 17. Burial Date thereof. S. 1946 18. (Burial, cremation, or removal, Which?) Cemetery or crematory. Mt. Olivet. Location. Location. Address Silver Spring, Md. Address Silver Spring, Md.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9. Birthplace. Washington, D. C. (Town. county, and state) 10. Usual occupation. NONE 11. Industry or business 12. Name. George A. Slater 13. Birthplace Washington, D. C. 14. Maiden name. Margaret Glenn 15. Birthplace Staunton, Va. 16. Birthplace Staunton, Va. 17. Burial 18. Eightplace Staunton, Va. 19. Burial 19. Bur		JAMIA, J. J. Marralland L. J. J. W.	
10. Usual occupation. 10.00		2/1/2	
11. Industry or business 12. Name George A. Slater	(Town, county, and state)	Due to	
12. Name George A. Slater 13. Birthplace Washington, D. C. 14. Maiden name Margaret Glenn 15. Birthplace Staunton, Va. 16. Informant Mrs. George A. Slater Address 8605 Hawley Rd. Silver Spring. 17. Burial (Burial, cremation, or removal, Whichi) Cemetery or crematory Mt. Olivet Location Mashington, D. C. Other conditions (Include pregnancy within 3 months of death.) Major findings of operations. Astopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	10. Usual occupation	Due to.	
13. Birthplace Washington, D. C. (Include pregnancy within 3 months of death)	11. Industry or business		
13. Birthplace Washington, D. C. (Include pregnancy within 3 months of death)	質 12 Name George A. Slater	Other conditions	
14. Malden name Margaret Glenn Major findings of operations Major findings of operations	13. Birthplace Washington, D. C.		
Address 8605 Hawley Rd. Silver Spring. 17. Burial (Buriat, cremation, or removal, Which?) Cemetery or crematory. Mt. Olivet Location Washington. D. C. (City or town) 18. Funeral director	Margaret Glenn		
Address 8605 Hawley Rd. Silver Spring. 17. Burial (Buriat, cremation, or removal, Which?) Cemetery or crematory. Mt. Olivet Location Washington. D. C. (City or town) 18. Funeral director	E 14. Maiden name	Major findings of operations.	
Address 8605 Hawley Rd. Silver Spring. 17. Burial (Buriat, cremation, or removal, Which?) Cemetery or crematory. Mt. Olivet Location Washington. 18. Funeral director. Career Spring, Md. Address Silver Spring, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	El 15. Birthplace Staunton, va.	Date of op.	
Address 8605 Hawley Rd. Silver Spring. 17. Burial (Buriat, cremation, or removal. Which?) Cemetery or crematory Mt. Olivet Location Washington. D. C. (County) 18. Funeral director Washington, Md. Address Silver Spring, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work?	16. Informant Mrs. George A. Slater		
17. Burial Date thereof. 8 - 16 - 1946 (Buriat, cremation, or removal. Which?) Cemetery or crematory. Mt. Olivet Location. Washington. D. C. Injured at home, farm, Industry, public place (where?) 18. Funeral director. Care. Silver Spring, Md.	Address 8605 Hawley Rd. Silver Spring.		
Cemetery or crematory. Mt. Olivet Location Washington. D. C. 18. Funeral director Dance & Purphury Address Silver Spring, Md. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
Location Washington, D. C. Injured at home, farm, Industry, public place (where?) 18. Funeral director Caree & Parafabrus Address Silver Spring, Md.	(Buriat, cremation, or removal. Which?) (month) (day) (year)		
18. Funeral director warned & Purphury Address Silver Spring, Md. Means of Injury Means of Injury Injured at work?	Cemetery or crematory Mt. Olivet	Where did injury occur? (City or town) (County) (State)	
18. Funeral director warned & Purphury Address Silver Spring, Md. Means of Injury Means of Injury Injured at work?	location Washington, D. C.	Injured at home, farm, Industry, public place (where?)	
Address Silver Spring, Md.	10.12 6 60.11	Means of injury Injured at work?	
23 SIGNATORE	IB. Function director	MANONO, ADM	
		23. SIGNATORE M. D. or other	



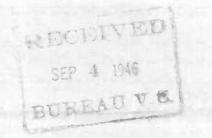
CERTIFICATE OF DEATH

08206

Rev. Diat.		1	1	1
Reg. Dist.	No.	d	//	

	arles St., Baltimore (3.6)
CERTIFICA	ATE OF DEATH Reg. Diat. No. 2/1
County (If outside city or form limits, write BURAL and green earest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County Along County (If outside city or sown limits, write RURAL and give nearest town) Streel No
How long in hospital or Institution?	2.(a) It yeteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Terrale W Married	20. DATE DE DEATH August 3.0 1946 21 6:30 P.
8.(b) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated; that I altended deceased from
9. Birihplace (Town, county and state) 10. Usual occupation	Bue to Colorie glorurular replicités 6 years
11. Industry or business 14 on Shifting 12. Name John R. Shifting 13. Birthbiere Carroll & Smith	Dther conditions
14. Maiden name Mary Eller Surow days. 15. Birtholace Carroll Co my	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant without Smith	Autopsy results
(Burial, cremation, or reserval Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Location Dhouning Bull Mag	injured at home, farm, Industry, public place (where?)
Addres 2 aftorisale in	Means of injury injured all work?
19. Dato ree'd by registrar) 19. Dalla OV (13 ur. Registr	23. SIGNATURE M. D. or other Address Danasacy Md Bate signed 9/2/46.

VS A15



9-45-1

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

		11001117
do		U02U477
**	Reg.	Dist. No. 200

1. PLACE OF DEATH: 71	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in ebove place of death?	221 76 Pa (10x
224 Hally CME	Street No (If runni give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Nevelle D. Staugh	ton
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED	20. DATE OF DEATH. Gang 30 19.X6 at 4:00 A.M
Lamin Dance Stangertand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife LOTTIE DENNY STAUGHTON	
	Dip pred Law Case
7. Birth date of deceased (mo., day, yr.) DEC. 16, 1870.	and that (last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
75 8 14	
Wind Min	ouncery recusion de
9. Birthplace WinnowA, (Town, county, and state)	Due to
1D. Usual occupation Doctor	
	Due to
11. Industry or business NATHROPATH - CHIROPRACTOR	
E 12. Name NEVILLE STAUSHTON	Other conditions
13. Birthplace CINCINNATI, OHIO.	
	(Include pregnancy within 3 months of death)
	Major fiadings of operations.
11 0	Date of op.
16. Informant //RS. CHRRLOTTE GEARY	Autopsy results.
Address 8349 COLESVILLE 14. Six. SPG. ///	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 11	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereot. Service (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Leage Nachmiston Memorial Euro	Where did injury occur?
Proved & Reason to Auto a Maryland	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director H MUNICAL SALLULA	Means of injury Injured at work?
Afters 25th Carrell St. July may Jack 2	4. 10 (d . 1 4 4)
and all thether has had	23. SIBNATURE MILE MILE MILE OF THE MILE O
19. Com 30 18 46 A 100M NOU!	el- Sylpred. Excer. 10. 10 total 4:30.46

SEP 4 1946
BUREAU V S.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95%

CERTIFICATE OF DEATH

Rog. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboxn infants give residence of mother)	
County	1. 0	
City or town	State County County	10 0 0 0 0 0 0 0 1
Howelong in above place of dealh?	City or town (1f outside city or town limits, write HGRAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 19 120yd.	
Wash. Hant Hort Janes on to Made	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) If veteran, name war.	
3. (a) FULDNAME	3. (b) Social Security Number	
albert sucheal I ham	215-14-7154	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDIOAL CERTIFICATION	.,-
nale White dwared.	20. DATE DF DEATH. Cluy 5 19 46 21 5-	1
8 -0 1 2 Bluku	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	1140114010
6.(6) Name of Ausband or wife.	Jan 30 1938 10 ang 5 19.	46
7. Birth date of	and that last saw h	46
deceased (mo., day, yr.) July 27 18 6-8	Immediais causered death	TIDN
8. AGE: Years Months Days If less than one day		
58 0 8hrsmin.	acute replication & arisma. 246	
9. Birthplace	Due to.	
(Town, county, and state)	Due to hem Heart 8 y	10 '
10. Usual occupation. POLICEMAN.	Due to.	
11. Industry or business Montg Co. POLICE DEPT		
E 12. Name DAMES E THOMAS. 13. Birthplace WASHINGTON - D.C.	Diher conditions	
\$ 13. Birthplace WASHINGTON - D.C.	(Include pregnancy within 3 months of death)	
# 14. Maiden name KATIE E KELLY		
15. Birthplace WASHINGTON- DC.	Major findings of operations.	
16. Informant MRS FRANCIS M. FOWLER (SISTER)	Antapsy results	
Address 19 BOYD AVE TAKOMA PARK.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 DURIAL Date thereof AUG 7 1946 (month) (day) (year)		
(Burial, cremation, or removal. Which?) (month) (dhy) (year)		
Cemetery of Crematory ST JOHNS.	Whers did Injury occur?	
Location FOREST GLEH-MONTG. Co. MO	Injured at home, farm, Industry, poblic place (where?)	
18. Funeral director warmed & Pumpshing	Missis of Injury Injured at work?	
Address SILVER SPRING PROM	1 2 1	
and we Stillen About	23. SIGNATURE M. D. or other	········
(Date rec'd by registrar)	Address & Coursel leve lakean I so to bate Signed 7 3/4	6

AUG 7 1945
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

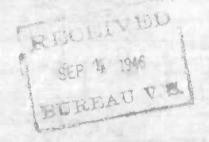
2411 N. Charles St., Baltimore 46-9

CERTIFICATE OF DEATH

Reg. Dist. No. 2/2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mondamers	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Md county Montgomery
	City or town
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
hospital managing of shoot deduce management of the shoot deduced management of the shoot dedu	Street No(If rural, give LOCATION)
The state of the s	
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hubert Hanes Trus	sell lone.
4. Sex 5. Color or race 6.(a)Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widowed	1 21 4
	20. DATE OF DEATH. Aug. 31 27 19 46 11 1. 10 Am
6.(6) Name of husband or wife Fannie Trussell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 (a) Mallus alus area	July 10 19 dd 10 hag 31 19 X
7. Right date of	and that I last saw have alive on 19 1
deceased (mo., day, yr.) Oct. 1812, 1863	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carcinoma of PACKERS 3 Hours
83min.	
9. Birthplace Clark County Va	Due to
(Town, county, and state)	DUE 10
10. Usual occupation FQY mt mq	Due fo
11. Industry or business	
= 12. Name uno 6 taina 61 e	Other conditions PROSTAR: typerRophy years
12. Name UNOUTQIMQUI &	
	(Include pregnancy within 3 months of death)
E 14. Maiden name CANA B FOLLOW	Major findings of operations.
14. Malden name. UNO 6 tainable	Date of op.
16. Informant W. H. TVESSEL	Autopsy results
10. III CHIEF CONTRACTOR CONTRACT	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Dickerson, Ma.	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal. Which?) Bate thereof. Se Al. 2-1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Union Cemetery	Where did injury occur?
Location Lees burg. Va.	tnjured at home, farm, industry, public place (where?)
18. Funeral director William B. Hilton	Means of injury Injured of work?
B	11 11 4.0
Address Jamesoule flaggaria	23. SIGHATURE Plur K. John 10
19. Obté see'd by registrar) 1975 (Massush Registrar	Poolesville Ad M. D. or other
(Date ree'd by registrar) Registrar	Address Date signed

Caratieo describian dinesconareas Caratieo describia de la ma Caratieo de la caratieo de la caratieo Caratieo de la caratieo d

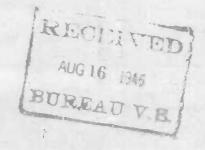


Evidence for the change of date of birth is shown on MARYLAND STATE DEPARTMENT OF HEALTH G1 08 12/17/46 2411 N. Charles St., Baltimore /640 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marylan (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Washington Dandermi (Il rural, give LOCATION) information of death cles MORLD WAR How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 214-03-9361. MEDICAL CERTIFICATION 20. DATE OF DEATH. CLASS P. N 6.(b) Name of husband or wife MARIAN SCHRIDER 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of DEP- FS deceased (mo., day, yr.) If less than one day 8. AGE: 8 1-110 4.9 9. Birthplace MARYLAND (Town, county, and state) LUMBER. 10. Usual occupation. 11. Industry or business 12. Name NOBLE STYLE

13. Birthplace MARYLIND 12. Name NOBLE STYLER. WITH UNF important. (Include pregnancy within 3 months of death) 14. Maiden name MARY JANE GLADMAN. Major findings of operations..... 15. Birthplace MARYLAND 16. Informant MRS MARIAH STYLER. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Address 607 SLIGO AVE - SILVER SPRING 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Aug 1946 (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide. PL Cemelery or eremetery ST JOHNS. Where did injury occur? (County) PLEASE WRITE (City or town) FOREST GLEN. MONTG CO. MO Injured at home, farm, Industry, public place (where?) Injured at work? . 20 Means of Injury Dumphrer SILVER SPRING - 1746 23. SIGNATURE. (Date red d by registrar) .. Date signed 8-12-46

BINDING

MARGIN RESERVED FOR



orrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The every item of information carefully. The expecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 13FC

CERTIFICATE OF DEATH

18211 Reg. Dist. No. 244

1. PLACE OF DEATH: County Montgomery			NT.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Siliton Spring		state Maryland county Montgomery			
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death?		City or town Silver Spring (If outside city or town limits, write RURAL and give	nearest town)		
Max Del XI all Del Del XI XI XI	Street address where			Street No. 602 Gist. Ave.	
602 Gis	st Ave.			(If rural, give LOCATION)	
How long in hospital or	r Institution?			2.(a) If veteran, name war	
3.(a) FULL NAM	E			3. (b) Social Securi	ty Number
	Entre	o n	1 1117		,
4. Sex	5. Color or race	8.(a) Singl	Lac Uptor e, married, widowed, or diffred	MEDICAL CERTIFICATION	
female	white		rried		
Temate	MILLOG	1118	rried	20. DATE OF DEATH Cary 25 19.86	21/0.30 P. N
6.(b) Name of husband	or wife Erne	st F.		21. I CERTIFY that death occurred of the date above stated; that I attended d	
		6 (c) If alive, give ageyears	and that I last saw h alive on case	19
7. Birth date of	0 4 6			and that I last saw halive on	19
deceased (mo., day,)		Days	If less than one day	Immediate cause of death	
O. Mon.				acute Cardian deletation	die
53	19	27	hrsmin.		- Toldenky
9. BirthplaceKe	entucky (Town,	county and		Due to	
	Housew.	if o		Chronis Nuffestii	172
10. Usual occupation	TIOGROM	·Ψ·Ψ···&······	***************************************	Due to	
11. Industry or busines					******
12. NameJe	imes Daws	on		Other conditions	
	Kentuck	У		(Include pregnancy within 8 months of death)	
14. Maiden name.	Mahali	a F.	Traylor		
14. Maiden name.	Kentuck	7.		Major findings of operations.	
= 1 15. siringiace	Tennack	TR TT		- Date of op	
16. informanf	. Ernest	r. U	pton	Autopsy results	ad atatistica Nu
Address 602	Gist Ave	. Sil	ver Spring		eu stausucany.
, Buri	คโ	Bala that	8-28-1946	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriai, cremation	81 , or removal, Which?) Date the	eof 8-28-1946 (month) (day) (year)	Accident, suicide, or homicide Data of	
Cometery of Feel Cal	colesv	ille	M. E. Church	Where did injury occur?	(State)
Location	olesvill	e, Mo	ntg. Co. Md.	Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director Warne & Comphony		Means of Injury Injured at work?	1		
14	Silver Sp		/ 194 /	Thank J. Browhart	n.J.
0		0	1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23. SIGNATURE Season M.)	D on other
19leng &	7 19.46.	Jay	Church & Sharff	a u it is	D. or other
(Date rec'd by re	gistrar)	0	Registrar	Address Date sign	ed 8-21-46



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

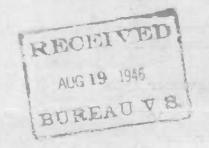
2411 N. Charles St., Baltimore (130)

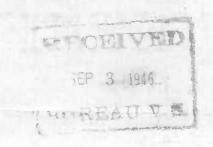
08212

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery	state West Virginia County	
City or town. Bethesda (rural) (If ontside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 15 days	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
U.S. Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)	
How long in hospital or institution? 15 days	2.(a) If veteran, name war.	
3. (a) FULL NAME	3.(b) Social Security Number	
WELLS, Boots (n) Dependent		
WELLIS Boots (n) Dependent 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married		
remale while married	20. DATE OF DEATH. 12 August 1946 19 at 1550 M	
6.(b) Name of husband or wife James Edward Wells	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	
7. Birth date of	7/24 1946, to 8//2 1946	
7. Birth date of	and that I last saw h. Aalive on . 8././2	
deceased (mo., day, yr.) 12 November 1924 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
O. AGE.	acute stomerulonephritis (weeks	
21 9 10mln.		
9. Birthplace	Due to	
1D. Usual occupation. Housewife	Due fo	
11. Industry or business		
E 12. Name JessieFrancis	Other conditions	
12. Name JessieFrancis 13. Sirthplace Ky.		
14. Malden name Mona Lambert West	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
≅ 15. Birthplace Virginia	Date of op.	
16. Informant Husband: James Edward Wells	Autopsy results	
Address USNAS, Armanent Test, Patuxent River,	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?) Date thereof (Manth) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory Lawson	Where did injury occur?	
Location Stollings, W. Va.	Injured at home, farm, Industry, public place (where?)	
A	Means of Injury Injured af work?	
18. Funeral director W. W. Chambers Co.	$n \cap n \cap n$	
Address 1400 Champin St., NW, Wash., D.C.	23. SIGNATURE (S. A) Barnes MC.	
19. 12 August 19 16 Mary Charlotte Smith (Date rec'd by registrar) Registrar	Address USN HOSP. Bethera ma Date signed 11 aug 96.	





VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-9

CERTIFICATE OF DEATH

4 1	821	4
1 M 1 =		, m
Reg	Dist No.	xix

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county. Montgomery. City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town) Street No. 957 Bonifant St. (If rural, give LOCATION) 2.(a) It veteran, name war: World Mar 1 3. (b) Social Security Number 213-18-6903
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married 6.(b) Name of husband or wife	20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Annuary 940 19 to Guigens 1946 and that I last saw have alive on Guigens 1946
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION Cicuta Delitalia of Heart 3 mais
54 5 2hrsmin. 9. Birthplace	Bue to Ganeral ged artery Deleases 3 goars. Congasted Sheart facility terminal Bue to. Bither cooditions. (Include pregnancy within 8 months of death)
14. Malden name Anna Hobbs 15. Sirthplace Virginia	Major findings of operations
16. informant Mrs. Edith L. Wolfe Address 957 Bonifant St. 17. Burial Bale thereof Aug. 7th. 19 (Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)	Antopsy results
Cemetery or crematory Colesville M. E. Church Location Colesville, Montg. Co. Md.	Accident, suicide, or homicide
16. Funeral director Maine & Surphing Address Silver Spring 19. (Date ree') by registrar) 19. (Date ree') by registrar) Registrar	23. SIGNATURE 18 18 18 18 18 18 18 18 18 18 18 18 18

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AUG 10 1946
BUREAU VE

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-8)

08215

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Bethesda (rural.) (If outside city or town limits, write RURAL and give nearest	State
(If outside city or town limits, write RURAL and give nearest	town) City or town Washington, D.C.
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2213 S. St.N.E. Wash. D.C.
U.S. Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Edelin WOOD	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divor	medical certification
male W-US married	
merc H-00 mertred	20, DATE OF DEATH 6. August 19.46 19.46 19.46 19.46 19.46
8.(b) Name of husband or wife. Arma Dorothy Wood	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
7. 8irth date of deceased (mo., day, yr.) 7 August 1878	Immediaje cause of death Arthura DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
67 11 29hrs.	min.
	Que to Chronic glomerular nephritis years
9. Birthplace	
10. Usual occupation veteran	
11. Industry or business	Due to
	coronary ertery selection
E 12. Name Charles Wood	Other conditions
13. Birthplace Wash., D.C.	(Include pregnancy within 3 months of death)
E 14. Maiden name Catherine Edelin	
Wash D. C.	Major fiedings of operations.
14. Maiden name Catherine Edelin 15. Birthplace Wash., D. C.	Date of op.
16. Informant Mrs. W.E. Wood	Actopsy results as above.
Address 2213 S St. N.E. Wash. D.C.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 burial Bate thereof 8-9-16 (month) (day)	(year) Accident, suicide, or homicide
Cemetery or crematory Arlington National	Where did injury occur?
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. W. Chambers (Poone	
Address 517 11th St., S.E., Wash., D.C.	I the source (w thomton
19. 6 August 146 Mary Charlotte	Smith Registrar Registrar Address NavHosp Bethesda, Md. Date signed

RECEIVED
AUG 14 1946
BUREAU 7 8

1. PLACE OF DEATH:

How long in hospitat or institution?

3. (a) FULL NAME

4. Sex

M	ARVI	AND	STATE	DEPARTMENT	OF	MEALTH
171	ARIL	AND	SIAIL	DEPARTMENT	111	Hr.Al. I H

2411 N. Charles St., Baltimore 1620

2.(a) It veteran, name war.....

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) itate		
Utot m. I	L. USUA	AL RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother)
		hary Janes County M. tradigariery
(If outside city or town limits, write RURAL and give nearest town)	nty or to	(If outside city or town limits, write RURAL and give nearest town)
treet No	treet No.	
(If rural, give LOCATION)		(If rural, give LOCATION)

Virginia Wright Laura

6.(a) Single, married, widowed, or divorced

Montg . Co, Gaithersburg. Md, (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

5. Color or race

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	S:	ingle	20. DATE OF DEATH ANG - 11- 19 16	at 6 A
		6.((c) if alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece	2sed trom // — 1944 19.44
8. AGE: Years		Days	If less than one day	Immediate cause of death Limiting	
1858 8	1	2	hrsmln.	A	
9. Birthplace	Md,	ounty, and	state)	Due to Semile dementia	Fyran
1D. Usual occupation	Missio	nary		Due to	M3************************************
11. Industry or business				040 (0	
12. Name	Levin Wr	ight		Other conditions	***************************************
H 14. Malden name	Helen F	, Ro	se	(Include pregnancy within 3 months of death)	
14. Malden name	Conn,	•••••••	***************************************	Major findings of operations.	
	Gaithers	Hen burg	Md,	Autopsy results	
Buris (Burial, cremation,	or removal. Which?)	Date ther	8/13th/46 (month) (day) (year)	22. VtOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
			• Cometery Md,	Where did injury occur?	
1	rnest C	Gart	ner	Means of Injury Injured at work?	Inso
(Date red d by reg	2 1946 Cu	ba	La Glore Registrar	23. SIGNATURE M.D. S. M.D. S. Address Journal Date signed	prother 8/11/46



CERTIFICAT	E OF DEATH Reg. Dist. No. 23
1. PLACE OF DEATH: County O N T G O M E V G City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale New York County One day City or town Camadeu (Rural - Route 3) (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2.1. 145, 9 day. S. Hospital, Institution, or street address where death occurred:	
506 Carroll Avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
	ight 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH A U.S. U.S. T. 19.46, 21 2:35 P.
6.(6) Name of husband or wife Horatio Newell	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
Wight 6.(c) It allve, give age 7.8 years	June 27 1946 to Aug 9, 1946
7. Birth date of deceased (mo., day, yr.) August 1, 1866	and that f last saw h. C. Y. alive on A U. G. U. S. T. G OURATION
8. AGE: Years Months Days If less than one day hrsmin.	Immediais cause of death OURATION Myocarditis Chronic Months
9. Birthplace. Cam den New York (Town, county, and state)	Due to Arteriosclerosis and 5/2 yr.
10. Usual occupation	Hypertension or longe
f = f	Due to
11. Industry or business 11. Industry or business 12. Name George Gerry Perry 13. Birthplace Roman D. H.	Dither conditions Arthritis, right ow 4 mouth
	(Include pregnancy within 3 months of death)
14. Maiden name Evances L. Perry. 15. Birthplace Rome, N.Y.	Major findings of operations
A. A. I.	
16. Informant Mrs. Myrtle Stevens	Autopsy results
Address Durham ville, N.Y. Rt. #1.	22. VIOLENCE: If dealh was due to external causes, till in the following:
17. (Burial, crymation, or removal, Whieh?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Ca Day (Carela) Ca D Cd	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	. M. M. 7. M. OS.
Address 159 and State 2011	23. SIGNATURE Mallace M. M. D. or other
19. (Date jee'd by fegistrar) Registrar	Address Roma Park Med. Date signed 8 9 9 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

A15 VS

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